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CENTENNIAL ISSUE

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TEXAS State Journal of Medicine

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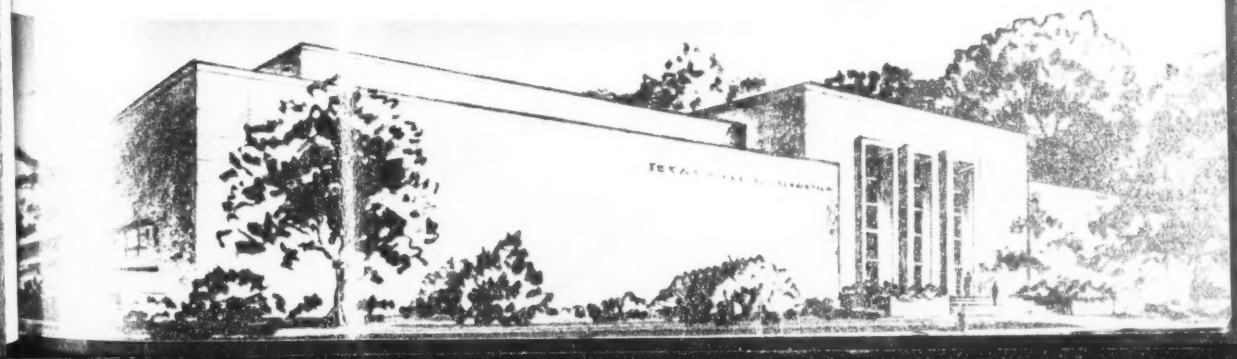

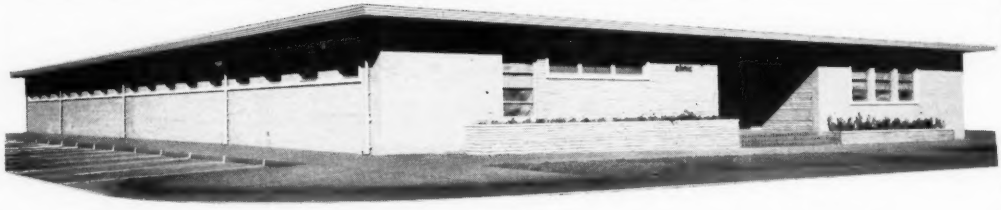

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President's Page

PAST, PRESENT, AND FUTURE

It is with humility that I join, this centennial year, the ranks of distinguished physicians who have led the Texas Medical Association. Anyone reviewing the history of this organization, stumbling during its early years and then becoming more sure-footed and strong as members of the medical profession became more aware of their mutual problems, can only marvel at the spirit and ability of the men who have served it in official capacities. Some of these leaders are pictured and named in this special issue of the JOURNAL.

The beginning effort for organized medicine in Texas was the calling of a convention on January 17, 1853, in Austin for the purpose of organizing the Texas Medical Association, which was to be dedicated to the proposition of adequately serving the health needs of the people of Texas. This was to be accomplished through cooperation, congenial relationship, interchange of professional ideas by means of scientific assemblies, and furthering and improving the standards of medical education and practice. To this dedication of purpose the Association has steadfastly held.

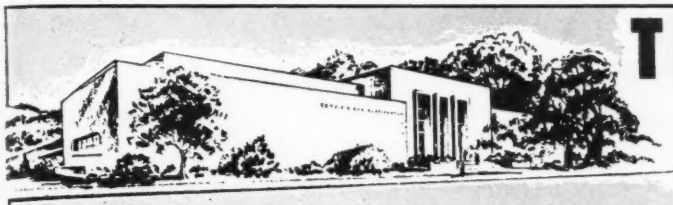
The term of each of the eighty-six distinguished gentlemen who have served as the Association's Presidents during the past one hundred years has contributed something of importance to our organization, which today is full grown and is contributing its part to the art and science of medicine. It is fitting, therefore, that we pay tribute and honor to our past presidents. Each guided the destiny of our Association during his year as president, and the sum total of these years brings us to the present. There is no way exactly to separate the past from the present because they are so closely interwoven and interdependent upon each other. The present is built on the past, and as we take pride in our state of accomplishments, we would be remiss if we did not speak of those who have gone before and are no longer actively serving.

The Board of Trustees, in anticipation of the centennial celebration, several years ago commissioned a special committee headed by Dr. P. I. Nixon of San Antonio to write a history of the Association for publication. It was the thought of the Trustees first, that the history should be preserved not only as a matter of record and to honor earlier leaders in the organization but also to point the way to future activity and second, that the centennial year would be an appropriate time to make such a volume available to the membership. Dr. Nixon, a former president of the Texas State Historical Association, a distinguished historian and writer, and a practicing physician, has written an entertaining and authentic account of the first hundred years of organized medicine in Texas. The University of Texas Press, cooperating with the Association, has produced an attractive volume. Many who attended the annual session in Houston last month proudly returned home with a copy of this book for their reference library.

In looking to the future let us pledge to ourselves and each other a continuing sense of harmony, unity, and purpose and a progressive program to which more than six thousand members contribute. Regardless of how deep an interest we may have in special medical meetings of the utmost scientific value, we should not fail to attend and take an active part in our county, district, and state meetings. In many ways these meetings are more important. Mounting interest in medical economics, legislation, public relations, and medical education motivates new activities by the Association and Auxiliary, and all of these have as their ultimate goal giving the best medical care to the people.

If the past could speak, I am sure it would say: have faith in your cause; be happy in your work; be understanding of each other; be resolute in your aims, defiant in defeat, magnanimous in your victories; and bear good will to all whom you contact.

George Turney M.D.



TEXAS State Journal of Medicine

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Volume 49 **Austin, Texas, May, 1953** **Number 5**

CENTENNIAL SALUTE

In January, 1853, thirty-five physicians came to Austin by horseback and puffing railway to organize a medical society for Texas.

The early years of the state organization were difficult. Transportation was slow. Communication was haphazard. Physicians were scattered and unknown to each other. Economic and political upheavals were rife. Meetings could not be staged easily nor programs of activity readily followed.

Nevertheless, the dream of these first members of the Texas Medical Association did not die. Outside forces were conquered; internal disagreements overcome. Within a few years, annual scientific and business meetings were routine; membership began to climb; the people of Texas became aware of the medical profession as a force in health affairs; and the success of the Association was assured.

This year the Texas Medical Association boasts a membership in excess of 6,500 covering the entire state. More than 4,500 wives of members are banded together in the cause of health education, philanthropy, and community service. An employed staff of twenty-three carries on the administrative work, operating a loan library, publishing a monthly JOURNAL, providing a placement service for physicians, servicing the public with information about the medical profession and individual doctors, and assisting the officers and committees with their projects. The central offices and Library are housed in a beautiful new building erected and furnished at a cost of three quarters of a million dollars.

This issue of the TEXAS STATE JOURNAL OF MEDICINE is dedicated to the doctors of 1853 whose faith in themselves and the future of medicine has been so admirably justified and to the many other high-minded and energetic men and women who have fashioned the Association during its first one hundred years. The conscientious and forthright spirit of these pioneers, if emulated by the physician of 1953, can go far toward solving the problems of medical care which confront the world today.

ANNUAL SESSION IN REVIEW

A session remarkable for its quietness—or so some said—was held by the Texas Medical Association in Houston, April 26-29. The eighty-sixth session was an observance of the Association's centennial, and perhaps it was fitting that feeling about current problems did not run too high. Instead, full attention could be given to historical presentations and to the array of ex-Texans who returned to help celebrate.

The total registration of 2,554 barely missed the record of 2,558 reached in Dallas in 1940, although the number of members registered (1,524) was less than in 1940 or 1948, when the Association also met in Houston. Guests of the Association who registered numbered 4, visitors and students 270, exhibitors 200, and members of the Woman's Auxiliary 556.

Oath of Hippocrates

I swear by Apollo Physician, by Asclepius, by Health, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture. To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture. I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. I will keep pure and holy both my life and my art. In whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm. And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets. Now if I carry out this oath, and break it not, may I gain forever reputation among all men for my life and for my art; but if I transgress it and forswear myself, may the opposite befall me.

Meetings of the House of Delegates were unusually free of disagreement. Perhaps the most popular subject was membership. Provisions to eliminate dues for honorary, inactive, and military membership and to authorize remittance of previously paid dues to those being elected to these categories were introduced, but most of these proposals were referred for study and recommendation next year.

Dr. F. J. L. Blasingame of Wharton was elected by acclamation as the new President-Elect, succeeding Dr. George Turner of El Paso, who assumed the presidency. Dr. Andrew S. Tomb, Victoria, was named Vice-President; and Dr. J. M. Travis, Jacksonville, and Dr. T. H. Thomason, Fort Worth, were returned unanimously to their posts as Secretary and Treasurer, respectively. Dr. Hobart O. Deaton, Fort Worth, was elected Speaker of the House of Delegates, succeeding Dr. Robert B. Homan, Jr., El Paso, who after serving for five years refused to be nominated again. Dr. Charles P. Hardwicke, Austin, stepped into the vice-speakership, succeeding Dr. Deaton. Dr. Denton Kerr, Houston, was named without opposition to the Board of Trustees to succeed Dr. Merton M. Minter, San Antonio, who was ineligible to accept another term.

Councilors for the Third, Fifth, Sixth, and Twelfth Districts were reelected. Dr. H. O. Padgett, Marshall, was named councilor of the Fifteenth District to replace Dr. Joe D. Nichols, Atlanta, who was ineligible to succeed himself. Drs. T. C. Terrell, Fort Worth, and J. B. Copeland, San Antonio, were reelected delegates to the American Medical Association. Dr. M. O. Rouse, Dallas, was named to succeed Dr. B. E. Pickett, Sr., Carrizo Springs, whose many years of service in the A.M.A. House were paid tribute by a rising vote and applause. Dr. J. C. Terrell, Stephenville, and Dr. George Turner were reelected as alternate delegates to the A.M.A., and Dr. Troy Shafer, Harlingen, was named an alternate to replace Dr. Rouse.

Mrs. E. W. Coyle, San Antonio, took office as President of the Woman's Auxiliary, and Mrs. Mark H. Latimer, Houston, was named

President-Elect.

The invitation of Fort Worth for the Association to meet in that city in 1955 was accepted, and plans for the session in San Antonio May 1-5, 1954, were reaffirmed.

A highlight of the session was the formal presentation of "A History of the Texas Medical Association, 1853-1953" by Dr. P. I. Nixon of San Antonio, an anniversary volume published by the University of Texas Press. Two social events adding much pleasure were the President's Banquet and the Doctor's Day Luncheon. The former, honoring the outgoing President, Dr. T. C. Terrell of Fort Worth, featured an address by Dr. Edward J. McCormick, Toledo, Ohio, President-Elect of the A.M.A. At the luncheon, Mrs. Robert F. Thompson, El Paso, President, on behalf of the Auxiliary, presented a silver water pitcher and goblet for use in the Sam Thompson Room of the Association's headquarters building and a check for $5,600 for the Association's building fund.

Dr. R. B. Chrisman, Jr., Miami, Fla.; Dr. Elmer Hess, Erie, Pa.; and Rollen W. Waterson, Oakland, Calif., joined Dr. McCormick in a program on medical socioeconomics, and a fifth guest, Dr. Francis F. Rosenbaum, Milwaukee, offered two scientific papers.

Programs offered by the nine scientific sections and the eleven specialty societies had overflow crowds. Motion pictures, technical exhibits, and scientific exhibits proved popular. Awards were given to the following scientific exhibitors: Individual division—Dr. Luke W. Able, Houston, first place; Dr. W. R. Whitehouse, Cleburne, and Dr. May Owen, Fort Worth, honorable mention. Group division—Scott and White Clinic and Memorial Hospital, Temple, first place, and M. D. Anderson Hospital for Cancer Research, Houston, honorable mention.

Baylor University College of Medicine, celebrating its fiftieth anniversary, had a successful alumni banquet, as did the University of Texas Medical Branch, Southwestern Medical School, Tulane University, and the University of Tennessee. Several medical fraternities held reunion parties.

Arrangements for the session required the services of many persons in Houston and throughout the state. Dr. Edward T. Smith, Houston, chairman of the Committee on General Arrangements, offers this acknowledgment:

"I wish to thank the state officers, Trustees, Councilors, state committees, local committees, and Woman's Auxiliary for your help with the recent Houston meeting. I want everyone to know how I personally appreciate the efficiency of the personnel of the central office; to them should go a great share of the credit for the success of the 1953 session."

Scientific progress, unity of purpose, enthusiastic friendships, and eagerness to get on with the business of a new century marked the centennial session.

Declaration of Geneva

Adopted by the World Medical Association in September, 1948

I solemnly pledge myself to consecrate my life to the service of humanity.

I will give to my teachers the respect and gratitude which is their due.

I will practice my profession with conscience and dignity.

The health of my patient will be my first consideration.

I will respect the secrets which are confided in me.

I will maintain by all the means in my power, the honor and noble traditions of the medical profession.

My colleagues will be my brothers.

I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my patient.

I will maintain the utmost respect for human life, from the time of conception; even under threat, I will not use my medical knowledge contrary to the laws of humanity.

I make these promises solemnly, freely and upon my honor.

ORIGINAL ARTICLES

THE TEXAS MEDICAL ASSOCIATION, 1853-1953

PAT IRELAND NIXON, M.D., San Antonio, Texas

IF you could have been in Austin on December 9, 1852, you would have seen ten earnest and farseeing physicians who were bent on laying the foundations of organized medicine in Texas. Two days later they published the following notice in the *Texas State Gazette* of Austin and the *Texas Monument* of La Grange:

To all regular authorized Physicians of the State of Texas:

We the undersigned, Physicians of the City of Austin and vicinity, being desirous of promoting the advancement and improvement, as well as elevating the standard of our profession within this State, propose as an object conducive to that end a State Medical Convention, to meet at the City of Austin on the 17th day of January next; for the purpose of organizing a state medical society, and generally to do and take such action as will be most conducive to these objects. . . And we furthermore express the wish and hope that all the members of our profession throughout the State who can, will meet with us at the time and place specified, and aid us in the proposed organization.

This notice was signed by the following: Arthur J. Lott, J. T. Alexander, S. W. Barker, J. P. Duval, Edward McDonnell, S. K. Jennings, Jr., W. K. Brown, J. M. Litten, R. N. Lane, and W. A. Morris. These men can well be called the fathers of organized medicine in Texas.

The meeting was held on January 17, 1853, at the Methodist Church in Austin, and thus was born the Texas Medical Association. Thirty-five physicians were present—not a large number from our viewpoint. But men like Ashbel Smith, George Cupples, and Governor James W. Throckmorton had the vision and the capacity to consummate the desires of the assembled group. A workable Constitution and By-Laws were adopted. For three days this convention wrestled with the many organizational problems that came up. From the far reaches of East Texas in Harrison County rode Dr. Joseph Taylor and as a reward was elected the first president.

The Constitution and By-Laws adopted at this meeting provided for the formation of subordinate societies. The first of these was the Bexar Medical Society with Dr. George Cupples as president, and the second, the Travis Medical Society with Dr. John T. Alexander as president.

The second meeting was held at the same place on November 14, 1853. Here again the Association met for three days. No formal papers were presented, no medical discussions were held. The time was spent in matters of organization. The Constitution and By-Laws were revised, the dues were raised from $5 to $10, twelve delegates to the next session of the American Medical Association were elected, a Latin diploma was devised, and two members were expelled for insubordination. The high point of this second session of the Texas Medical Association was the anniversary oration by Dr. George Cupples of San Antonio, who was elected the second president.

For some reasons, far from clear at the present time, no meeting of the Association was held for sixteen years. In 1869, under stimulation by the Washington County Medical Association, the State Association was reorganized at a meeting in Houston, the name being changed to the Texas State Medical Association. For three days, the twenty-eight physicians present went through the motions of creating a new organization, apparently oblivious of the fact that two previous sessions had been held at Austin. Much of the same ground was covered in the two cities but there was no overlapping of personnel. A strong president was found in Dr. T. J. Heard of Galveston. Never again was the stability of the Association to be seriously threatened.

But progress was slow and halting. Up to 1872, the annual sessions were held in Houston. Then Waco, Dallas, Austin, Marshall, Galveston, San Antonio, Sherman, and Brenham were host cities. Some of these sessions could count as few as seven men in attendance. The Association really hit its stride in Dallas in 1874, when 100 doctors were present.

From 1875 to the end of the century, there were alternating periods of ebb and flow in the life of the Association. There came times even when some questioned whether this effort of organized medicine could justify its reason for existence. But always there were a loyal few who were able to look beyond temporary setbacks and discouragements.

There was much argument along the way in matters of ethics and practice. There were bitter accusations and some expulsions. Especially hostile was the Association toward quacks and irregulars of all types: shun them as you would sin, was the general feeling. However, as an offset, there was much that was worthy and much that was wholesome.

Read at a General Meeting, Texas Medical Association, Annual Session, Houston, April 28, 1953.

PLAN FOR PROGRESS

Although it was not constantly apparent to the leaders, the real obstacle to continuing progress was the absence of a plan which would coordinate the efforts of all the physicians of Texas. This much needed plan for progress was furnished by the American Medical Association. This plan made the component county medical society the unit of organization. The combination of all the county units would constitute the state association and the union of state associations would comprise the American Medical Association. There was much honest difference of opinion among the members of the Texas State Medical Association as to the merits of this radical change. At the 1902 session, there was long and earnest discussion of the problem, but the discussion was free from bitterness. The two viewpoints could not be compromised at that time, so the decision was held over for a year. By 1903, the solution was obvious to all: the plan had much merit and few faults. That the plan was needed and that its success was assured is found in the fact that the membership of the Association increased from 384 in 1902 to 2,378 in 1904.

In justice to our founding fathers, it must be stated that a plan, very similar in every respect, was offered in 1853 by the Texas Medical Association. Dr. Frank Paschal of San Antonio should be applauded for the emphasis which he placed on the similarity of the two plans of organization.

The course of the Association after 1903 was clear and constantly forward. One factor in its steady development was the establishment of the TEXAS STATE JOURNAL OF MEDICINE in 1905 under the editorship of Dr. I. C. Chase and later Dr. Holman Taylor. This publication, from its first issue, took its place as one of the best medical journals of the country. Mention should be made that the *Proceedings* of the Association appeared from 1853 to 1873. Then from 1874 to 1904 the publication was called the *Transactions*. Thus, from the first meeting, down through the century, we have an unbroken record of the affairs of the Association.

Early in its reorganized form the Association could point to some solid accomplishments. Foremost was the enlistment of more than 60 per cent of the physicians of Texas in the Association, whereas before it was about 10 per cent. In 1907, through the efforts of the Legislative Committee, the One Board Medical Practice Act became a law. Prior to that time, each school of medicine had had its own board and thus the situation had been a farce. This accomplished fact is typical of many of the extra-associational activities, activities which were primarily in the interests of the general public.

By 1917, when World War I began, the Association had made its influence felt in legislative matters: the Vital Statistics Bill was helped through the Legislature and a more effective Workmen's Compensation Act was passed. And there were successes in other directions: the Association sparked the drive for medical preparedness and gave support to the Medical Branch of the University of Texas when that institution came under attack by Governor Jim Ferguson.

The Woman's Auxiliary to the State Medical Association of Texas was organized at the 1918 session. In May, 1917, the first county auxiliary in the United States was formed at Dallas. Similar organizations sprang up at Waco and San Antonio within a few months. Mrs. E. H. Cary of Dallas was elected the first president of the State Auxiliary. In 1922, the auxiliary idea was carried to the American Medical Association meeting in St. Louis. Mrs. S. C. Red of Houston, president of the Texas organization, presented the plan, which was readily accepted and which has thrived beyond all expectations.

With the cessation of the war, to which the profession of Texas had contributed more than its share of medical officers, the Association continued on its course of progress. No more were there any serious internal problems which could not be easily solved. It was instrumental in having the Legislature pass some much needed amendments to the Medical Practice Act of 1907. Of these amendments, the most vital was the feature which made a second offense grounds for suit of injunction.

The matter of medical economics came to the forefront in the mid-1920's. On the part of the doctor, the Association urged full use of each individual's capacity. It was felt that the people of Texas deserved the best of care and at a reasonable cost. To this end, it prevailed on the medical schools of the state to offer regular postgraduate courses of study. On the part of the public, a campaign of publicity was inaugurated with a view to letting the public know the ideals, the purposes, and the ambitions of organized medicine. This was an expensive undertaking, the cost of which was at first taken care of on a voluntary subscription basis but later by raising the dues from $5 to $15. The amount spent in 1924 was $16,000 and most of the 3,495 members were satisfied with the results. The Association has continued, up to the present time, to keep the public informed. Good public relations have proved to be beneficial to patient and physician alike.

The year 1927 was important for the passage of two pieces of legislation sponsored by the Association. The first was an amendment to the Medical Practice Act which empowered the Board of Medical Examiners to require the annual registration of all

the physicians of Texas and to collect an annual fee of $2. In this way, a burden which had been borne by organized medicine was distributed more equably. A more far-reaching legislative victory came from reorganization of the State Board of Health. The main features of the change lay in the provisions which gave the Board of Health authority to revamp the State Department of Health and to select the State Health Officer. Later on, there were other legislative accomplishments such as the Minimum Standards Bill.

Thus, it is seen that the State Medical Association of Texas had become an instrument of usefulness to the people of Texas as well as a source of protection to its own welfare.*

The achievement of which organized medicine can feel the greatest pride during the past half-century is found in the skill and success with which it has fought the battle of socialized medicine. It all started in the early 1930's when the medical profession of Texas, along with the general population, was caught in midstream of the depression. Economic conditions were at their worst. The practice of medicine was at a low ebb. The people of Texas were looking for a messiah with a panacea for all their ills and turned their eyes toward Washington, where there were promises to bring to the people better medical care —and free. But the Association as early as 1931 was saying through its Council on Medical Economics: "There is no general panacea for our economic ills— only hard work and study and faithful adherence to ideals. . . ."

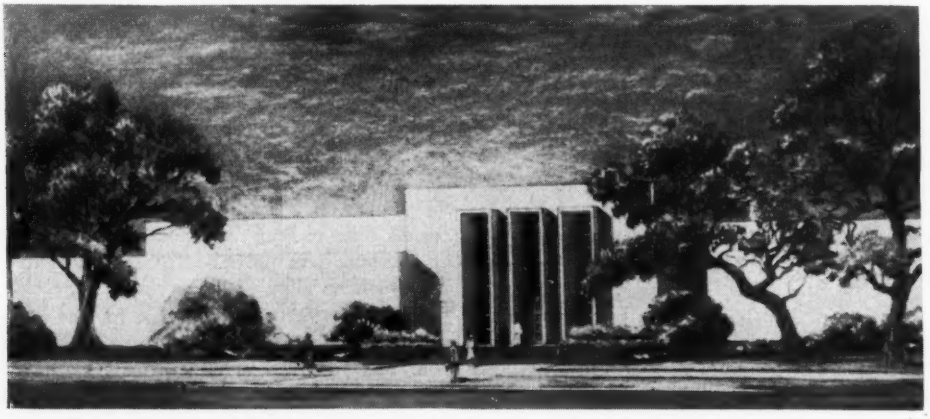
The opinion of the doctors, however, availed nothing. Indeed, too many doctors were taken in by false promises. The attack continued out of Washington, but through it all the medical profession of Texas serenely fought back, gave the people the honest facts, and emphasized the eternal principles of good character. The records epitomized their attitude thus:

> . . . We see many ramifications of socialization—the greatest threat to time-crystallized principles that surely should not be swept aside by a wave of ill-considered or maudlin sentimentalism on the part of social welfare enthusiasts inside or outside of the profession. Here we should stand pat.[5]

Even though checkmated at every turn by the medical profession, the ill-omened clouds continued to rise unabated from the banks of the Potomac and there came an aggravation of the problems of organized medicine. These new onslaughts were met with greater wisdom and greater assurance, born of experience. Indeed, the medical profession, though applauded and assisted by many men of business, was the spearhead that blunted the attack designed to socialize much of the industries and professions.

Purposefully, this brief story of the Texas Medical Association has emphasized those activities which were calculated to enhance directly the health and welfare of the people of Texas. Space does not permit the mere mention of its many normal functions. A volume of several hundred pages has been devoted to that.[9] In this volume can be found the many organizational problems, the countless leaders who have given of their time and talents, the successes as well as the few lapses of mental lethargy, the continued growth to its present membership of about 6,500, the constantly increasing confidence in the integrity and the purposes of the Association on the part of the general public—all these have been set down to the honor of organized medicine in Texas. Nor does space

**The official name of the Association has varied from era to era. The Constitution of 1853 stated that "this Institution shall be known and distinguished by the name and title of the Texas Medical Association." At the second session of 1853, the name and title appeared as the Medical Association of Texas. At the reorganizational meeting in 1869, it was agreed that "the name and style of this Association shall be the Texas State Medical Association." When a new charter was taken out in 1901, the name appeared as the State Medical Association of Texas. And then in 1951, under the sponsorship of the Board of Trustees, the Constitution was made to read: "The name and title of this organization shall be the Texas Medical Association." So the name of the Association, after ninety-eight years, completed the cycle.*



Texas Medical Association Memorial Library and Headquarters Building, Austin.

permit more than mention of the epochal move of the Association to Austin in 1948 and the building of the new home and library, beautiful, useful, and designed to meet the needs of the Association for many decades.

WORDS FROM PAST

And now, that you may get something of the feel and the flavor of those medical ancestors who have passed this way, ponder some of their words:

Dr. George Cupples of San Antonio in 1853:

The standing, social and individual of medical practitioners as a class, is confessedly lower here than in any other country of Christendom.... Charlatanism and imposture, the offspring of ignorance, general and professional, reign rampant in the land; no legislative check restrains the indiscriminate and unregulated practice of physic by unqualified persons, the incredible and destructive abuse of nostrums and secret remedies; humbug is the order of the day....[4]

Dr. R. H. Jones of Brenham in 1871:

The profession which you represent in the organized capacity of a State Association, has for its object the highest and noblest aims which can possibly engage the thoughts or energies of man; and I hope and believe that you have met with a spirit fully in keeping with the value and nobleness of the ends aimed at, and that your deliberations will be characterized by the utmost decorum and courtesy, having in view the good of the profession and those dependent upon its kind offices.[7]

Dr. H. W. Brown of Waco in 1876:

There are other obligations upon us, such as spring from a love of truth and science, devotion to the sacred principles of our calling; those which are born of common effort to the same great end, reflecting mainly upon the credit, character and status of the profession itself; and those which are evolved by professional attainment, and called into exercise by due sense of obligation to our race, the dictates of humanity, as taught of God and illustrated by the life and example of the great physician, the Son of righteousness the brightness of whose example continues to illuminate the pathway of the true physician with lines of never fading light.[2]

Dr. Ashbel Smith of Galveston in 1876:

Liberty has been defined by old Prof. Gregory to be the right to go to hell in any way the traveler in that direction might elect, and so all the people of Texas, in the exercise of their sovereign rights, might patronize, and would patronize, medicine or homeopathy, just as they might choose to select, and this Convention is powerless to remedy the evil.[18]

Dr. Sam R. Burroughs of Buffalo in 1888:

Eleven years have been unfolded from the womb of time and have been gathered into eternity by the inexorable cycles of measured nature, since last we enjoyed the pleasure of holding counsel in your midst, but decades, nor scores can ever deface from memory's records the grand, brilliant and charming reception with which the Texas State Medical Association was received on that memorable occasion.[3]

Dr. C. M. Ramsdell of Lampasas in 1890:

The physician should be, by long odds, the best educated man in the community in which he lives.

When this becomes universally the case then the deathknell of quackery will have been rung.

Knowledge *is* power, and men who really feel that their family physician is their superior in all other departments of knowledge and the superior of his neighbors as well, will be quite ready to listen to him on matters pertaining to that art for the practice of which he is known to have made special preparations....[11]

Dr. W. H. Wilkes of Waco in 1892:

... The young physician of today stands on a higher plane, and his armament is vastly more elaborate and comprehensive. He must not only be able to examine the tongue, and feel the pulse, and distinguish normal and abnormal thoracic sounds by the ear, but he must skillfully handle the stethoscope, the otoscope, the laryngoscope, the ophthalmoscope and now the gastroscope,....[15]

Dr. Allen J. Smith of Galveston in 1894:

... The failure to thus acquire the habits of pathological reasoning, of comparing the diseased with the normal structure, the diseased function with the normal function, of seeking for the influences such changes may have upon the rest of the body, and their probable sequences; the failure to thus acquire the habits of study of the natural history of disease, leaves a man hampered in his medical life to a degree that years of study, even a lifetime may never overcome....[14]

Dr. J. H. Sears of Waco in 1894:

There must be something radically wrong... from the number of tramps and cranks we have turned out in the last few years.... How do you think these tramps would vote? Would they not vote for free lunch; for distribution of funds by the public for their support? ... our boards of trade and mercantile clubs are constantly urging the advertising of Texas and her many advantages to induce immigration. ... Why not retain this territory for our children and their descendants? Do we not know [the immense value of the] conservative, native, inborn influence [of a] class that upholds the majesty of the law, believes in God and honors woman?[12]

Dr. J. T. Wilson of Sherman in 1899:

The future is heavily laden with grand possibilities. The veil of mystery will be lifted and clearness of vision will bring many things to light that now seem impenetrable. The clouds will pass away and the bright rays of a luminous sun will reflect in beatific splendor a glory that was never dreamed of....

The time may be far distant, but it will come when accident and old age will be put down as the chief causes of death. Life will be more satisfactory, more enjoyable, the rosy tints of its morning resplendent with that freshness which unfolds the petals into full blossom, the noontide rich with the vigor of a perfect day.[16]

Dr. Taylor Hudson of Belton in 1902:

There lies before the medical profession of today a destiny compared with which all the glories of the past shall be eclipsed. We stand in the brightening dawn of possibly the greatest epoch in the history of our calling. For never in completeness, in scholarship, in patience, in great breadth of action has the profession been so well equipped. Science is advancing by leaps and bounds. In a moment unexpected she opens up a path over an untraveled country, and the advance seems so daring that we hesitate to follow lest it be upon forbidden ground....[6]

Dr. Frank Paschal of San Antonio in 1904:

They were dreaming in 1853 of the things that have long

since become realities. These brave patriots of medicine journeyed over long and weary miles in buggies and on horseback to meet here,—they were heedless of the dangers that beset them from wild savages then roaming over this section of the State,—they were unmindful of the inconvenience of sleeping on the ground, with a blanket for a bed, a saddle for a pillow, and a rifle for a companion, and for a canopy the limitless dome with stars, like dewdrops on the field of Heaven, keeping their vigil; the silence of the night unbroken, save by the cry of wild beasts. . . .[10]

Dr. W. T. Marrs in 1912:

As fevers and acute and infectious diseases become less and less, those of a neurotic trend will become more numerous. It will be an age of wits, of education, of sharp competition. Few will care to do rough work and most everybody will want to direct his work through a system. It will be a time and age that will draw heavily on our gray matter and our neurons. Mental ailments, neuroses and psychoses will be abundant, although symptoms will be named and classified differently than now. Such terms as "hysteria," "neurasthenia," "psychasthenia," "anorexia," and many others will be obsolete. The sanitariums and hospitals will nearly all be for people suffering from broken and decrepit nerves and the ailments incident to old age. It will be the endeavor of psychiatrists to cure people before they become insane, instead of after.[8]

Dr. E. W. Bertner of Houston in 1939:

There is an ineffable value in his [the doctor's] human touch that transcends all legislation which seeks to dip its partial fingers into the sterile waters of the healing art and arbitrate over his mission of mercy. The priceless human bond that exists between him and his patient can never exist between a medical politician and a patient with a government number and a red-taped record with no significance.[1]

SUMMARY OF CENTURY

The book on the history of the Texas Medical Association[9] closes with these few paragraphs under the heading "In Summary of the Century":

As we survey the century that has passed, the Texas Medical Association stands out as a towering beacon. From small and uncertain beginnings, it has come to be one of the sturdiest of state associations.

This accomplishment has not resulted from the efforts of any one individual or any one group. Rather has it been due to the continuing and cumulative efforts of many individuals and many groups. Neither has this attainment come about as the result of repeated successes and unimpeded progress. All along the way, hindrances and discouragements have been encountered. But always there were those who believed in the ultimate survival and success of the Association. Year in and year out, the golden thread of loyalty and faith can be traced as it passed from one group of officials and members to another, unchanged and unchangeable, undramatized but very vital. Had it not been for the fidelity and determination of these few individuals, the result would have been quite different, or at least long delayed.

Through the years of the century, the Association has been blessed with good leadership. Men of the early era like George Cupples and Ashbel Smith would have emerged triumphant under any and all circumstances; they pitted their imposing cultural and medical capabilities against the ignorance and the apathy of the medical frontier and gave substance and stability to a struggling Association. In the mid-years of the medical century in Texas, the elected leaders brought the growing Association to the year of reorganization, from which point rapid growth and ultimate success were assured. All the while, the problems of the Association were ever present and ever changing. But few of the leaders faced the distressing complications which sprang up in the path of organized medicine during the last fifteen or twenty years. At a time when general demoralization was taking place, when standards of conduct were tumbling and men were losing their way, when evil in high places was distressingly rampant, when the federal government often seemed hostile to the medical profession—at such a time as this the modern officials of the Association have brought to these problems those qualities of leadership which steered the buffeted organization to the present position of safety, strengthened and confidently awaiting the future.

The first half-century was a period of struggle and slow progress. Trial and error, personal differences, efforts at solution of the basic factors of organization—all these entered into the experiences of the early years and terminated in the reorganization recommended by the American Medical Association in 1903. The leaders of the second half-century took the dreams and the hopes and the experimental ventures of their medical forefathers and welded them into a coherent organization, strong, progressive, and fulfilling the purposes for which it was created. Thus the Texas Medical Association, as we know it, has acquired new powers and new purposes, new ambitions and new horizons. Today it stands as a monument to the vision and determination of the medical pioneers of Texas and to the unfaltering faith of those who have followed the trails they blazed. It has transformed their brave and buoyant dreams into a living, vibrant reality.

Our medical ancestors gave the best they had to the best they knew. At the beginning of the second century of the Texas Medical Association, we have a similarly compelling obligation to the century that lies ahead.

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1022 Medical Arts Building.

Progress in the General Practice of Medicine in Texas During the Last Century

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THERE has been a great evolution in the practice of medicine during the last century, just as there has been a great evolution in our whole mode of living. The doctor one hundred years ago was dreaming of many of the things which have become realities and now are accepted as routine.

The brave patriots of medicine, the general practitioners, who in the beginning comprised practically the entire medical profession, with few exceptions had many hardships. But they were heedless of the poor facilities or the dangers which beset them. They were unmindful of their inconveniences and hardships—traveling by horseback, buggy, or other mode of convenience, over poor roads and trails, and through wild country. No selfish motive prompted them to undergo the hardships and brook the dangers which they endured. They were activated by their duty to fight disease and death and to care for the sick and dying. In their limited way, they laid the foundation for better medical care, better sanitation, and a more learned physician. These men of the century were engaged in the general practice of medicine. They fought disease and suffering with the best facilities which they had available. They depended largely on their five senses, their experience, and their judgment in making a diagnosis.

Treatment in the early days as outlined by the best physicians consisted of first, prevent the disease if possible; second, give elimination, husband the patient; and third, nurse the patient back to strength, and let nature do the rest. This is just about what we do today. These methods are essential now as they were then and are not bad practice. The physicians then were using all their knowledge and means to combat disease and death, just as they are doing today.

There was much to be done by these pioneer doctors. They had the responsibility of teaching the family and friends how to nurse and care for the patient, doing much of that themselves. This brought added hardships, long hours of wakeful watching, and weary long hours of travel—going to relieve the suffering.

The physician, through his devotion to suffering mankind, became one of the most loved and most sought after of citizens. He earned the title of "old family doctor," which was a term of endearment and respect to be cherished by any medical man.

Because of the sparsely settled condition of the country in these early days, many areas were not particularly prosperous, and the physician was one of the citizens who suffered most. He was poorly paid for his services. So much of his work was done for charity that he developed into a poor business man. There was little specie or money in circulation, and the amount of money which the doctor collected was hardly enough to maintain his medical equipment and support his family. It was usual for him to be paid last, if at all. Often his pay consisted of farm products, gallons of sorghum syrup, corn, feed, old broken-down wagons, horses and mules, and occasionally a cow. These were the conditions which prevailed during the Civil War and during the Reconstruction Period.

LOW STANDARDS

During this same period, the qualifications of the physician were at their lowest ebb, and laws governing the practice of medicine were lax. Consequently, qualifications of doctors of medicine were limited. Many practitioners who had never spent a day in medical school had licenses to practice. There were diploma mills which issued a medical degree to anyone who could or would pay $50. I mention this to illustrate some of the things which the general practitioner had to overcome in order to build the high standards of the medical profession under which we are working today. Some of these diploma mills were operating under state charters. Graduates of these schools enjoyed the same privileges and were equal under law to the graduates of recognized and accredited medical schools requiring attendance of four years of lectures. These competitors in the illegitimate schools had no fixed curriculum, but were ready to confer a medical degree upon anyone who would pay the price, regardless of race, sex, color, and worst of all—knowledge.

One outrage in Texas was the New York Medical College of San Antonio, the faculty of which consisted of a doctor, his wife, and a 6 year old child, along with a number of so-called professors of medicine.

Through the influence of the State Medical Association of Texas, this matter was brought to the attention of Governor Sayers. He was deeply concerned about the situation and advised with the attorney general concerning it. However, they were unable, under the law of the day, to do anything about the opera-

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tion of the bogus concern. The net result of these practices was that little progress was made in scientific medicine during the period. There were few specialists and almost all medical work was done by the family physician.

Soon, however, there was an influx of people to the more thinly populated areas of the country—this being particularly true of Texas. They began to build communities, towns, and farm roads and to make other improvements. With the increases in population came an increase of disease—killer diseases such as tuberculosis, pneumonia, typhoid fever, malarial fever, diphtheria, and countless other maladies.

BETTER CARE

The demand for better medical care and better medicine became one of the greatest challenges to the physician of the day. Malarial fever and its complications was the great killer disease. Malaria prevailed in almost every community and in every family. Entire families were swept away by galloping consumption. Other diseases removed or crippled thousands of our youngest and most promising youths. It makes us shudder today to think of the trials, hardships, anxiety, and loss of life which prevailed in this country less than a half century ago. It was during this period, however, the dark ages of medicine, that the general practitioner gained most of his prestige.

The laws of the land began demanding better trained men who had college educations and were graduated from reputable medical schools, thus eliminating the quack doctors and the uneducated impostors. When a physician was called, the patient was assured that he was getting a trained man who knew how to use the facilities and the medicines which had been developed up to that time. The general practitioner had to know his business in those days.

And it is true today. Advancements in medical science today make it necessary that the general practitioner become better trained and better educated than ever. Within the memory of the older physicians of today, the improvements and the progress which have been made in the medical profession can hardly be conceived. The progress in other fields, particularly transportation, has been of untold value to the physician. Improvements of roads, automobiles, and airplanes have enabled him to double the amount of work he is able to do—to see two or three times as many patients as he could under the old methods of travel. These new modes of transportation have brought him closer to his associates, enabling him to attend many more medical meetings and to exchange more information with fellow members of his profession.

Today's physician has more time for worship, more time with his family, and more time for participation in civic and governmental affairs. Even his personal appearance has improved. He is better groomed and well dressed—quite a contrast to the old family doctor with the long whiskers, long coat, and boots, or a derby hat, standing collar, black necktie, tight pants, and button shoes. Today he is required and is able to take his part of the responsibilities toward making this the greatest and the healthiest nation on the face of the earth. To do this, general practitioners have been given opportunities equal to those of the great specialists. In 1946 the general practitioner was given a section on the program of the American Medical Association. All state medical associations, recognizing the importance, value, and influence of the general practitioners, have included them in their march of scientific progress by adding a section on general practice to their scientific program. Some of our hospitals provide internships and residencies for general practitioners. Many of our private hospitals are staffed by general practitioners, and they are qualified to serve as administrators and chiefs of staffs.

Another great burden of the early practitioner was the responsibility of dispensing his own medicine. There were few qualified pharmacists. Many of the doctors' preparations were extremely unpalatable and physicians had a reputation of giving bad medicine. Quinine, turpentine, castor oil, and ipecac were prescribed and dispensed in great amounts. They certainly were anything but palatable. Improvement and advancement of drug therapy has done much for the doctors, and we owe much to the pharmacist and the pharmaceutical houses for their preparation of drugs in more palatable forms, as well as for the research and scientific endeavor which has gone into the production of drugs which strike at the root of diseases once so difficult to control. The pharmaceutical profession is one of the greatest assets which the general practitioner has.

All of these things have contributed to the progress and development in the field of general practice. Among the most significant things which has happened, however, was the Medical Practice Act of 1907. In 1901 Texas had three state boards of medical examiners, which licensed the homeopath, allopath, and eclectic. This created much confusion. If the requirements of one board could not be met by the applicant, he could apply to one of the other boards. Thus a man could almost be assured of getting a license to practice sooner or later. But from 1904 to 1907, there was an unusual awakening in the profession, culminating in the passage of the Medical Practice Act in 1907 and the establishment of a single licensing board. It is composed of doctors from the various schools of learning, no one school having a majority. This law has operated satisfactorily and to the benefit of the medical profession for the

past forty-six years, but now appears to be in need of some amendments. Nevertheless, it is definitely one of the high points along the road to the high standing of the medical profession today.

PRESENT STATUS

The relation between the hospital and the general practitioner has been another field where great progress has been made. The accepted definition of a general practitioner is a physician who devotes 50 per cent of his time to the general practice of medicine. For many years there had been some question concerning the standing of a general practitioner in any hospital and especially in some of the larger hospitals. If he had a patient for admission to one of these hospitals, it was necessary that his patient be admitted to the services of someone who was recognized and permitted to practice in that particular hospital and whose practice was limited to that particular class of patient. It is only in recent years that the general practitioner has been recognized and placed on the staff of hospitals with a standing equal to that of the specialist. He now has a place in almost all of the larger hospitals.

The American Academy of General Practice has rendered a valuable service to medicine by organizing general practitioners into one association. This began in 1947. The organization presently is second in membership only to the American College of Surgeons. In Texas alone there are about 1,100 members of this organization. Through its influence, many hospitals now provide internships and residencies for those who wish to prepare themselves for the general practice of medicine.

General practitioners are in the majority, about 70 per cent of the physicians belonging to this classification. Today we are providing better informed and better qualified physicians for general practice, and they are taking their places side by side with the specialists in the different institutions of the nation.

The whole country has been covered by hospital service since World War I, producing the greatest change in the method of practice of medicine ever known. There now is a great demand for hospital administrators, superintendents, and qualified physicians for staffs. It would be impossible to operate these hospitals without the support of both the general practitioners and the specialists. In many of the small hospitals, the entire staffs are composed of general practitioners, and they are doing an excellent job, giving fine service to the patients, making better physicians, and laying the foundation for better relations between the medical profession and the public.

The general practitioner is especially well qualified for his work in these hospitals, since the majority of the patients come under his care when first becoming ill. He has the advantage of knowing their personal history, their integrity, their financial status, and other facts, all of which are necessary for the successful operation of a small hospital.

Yes, the general practitioner and the medical profession as a whole have made much progress during the past century. Today's physician is better educated, better trained, and better paid. He is doing much for hospitals, for better health, and for better sanitation. He has done much and is doing much to raise the standards of living and in shaping the laws of our land. He has done much to defeat socialized medicine.

This same physician is doing much to improve public relations by giving of his time and talent toward raising of these standards of living, promoting better communities, and fomenting good will and good feeling with people in all walks of life. He has done much to make this the greatest country in the world, where we have the highest standards of living, the best medical care, and the longest span of life. The general practitioner is doing his part along with the essential specialist toward making the American physician the most learned, best paid, and most respected on the face of the earth.

ADVICE FOR COUNTRY DOCTORS

Every man who assumes to be qualified to practice medicine, in the country especially, should be made to realize his great responsibility.... If he fail or neglect to equip himself, some day his want of preparation will work to his humiliation and undoing. Young men,... consult your works on anatomy much. Make these your guide books, and good modern works on surgery your counselors. Study to be tactful, as well as careful. Equip yourself with such good modern instruments and appliances as will enable you to meet emergencies. Keep a clear head and clean hands, and I believe that you will have more joy, success and respect.—T. J. Bell, M. D., Texas State J. Med. *1*:51 (Aug.) 1905.

Motorcycles and Doctors

During the horse and buggy days, an editorial was printed in the TEXAS STATE JOURNAL OF MEDICINE (July, 1906) encouraging country practitioners to use motorcycles as a means of locomotion by which "three hours out of every four of travel may be saved."

Among the advantages mentioned, aside from the time element, were the following: it could be used on nearly all Texas roads in good weather; its mechanism and adjustment were easily learned; it was rarely out of order and easily repaired; it was easily stored when not in use; and the expense was low.

The article goes on to say, "... no man who has ever used a good motorcycle would do long-distance county practice without one."

A CENTURY OF INTERNAL MEDICINE IN TEXAS

CHAUNCEY D. LEAKE, Galveston, Texas

WHEN the Texas Medical Association was hesitatingly organized in Austin in January, 1853, the specialty now known as internal medicine was just beginning to have a basis for satisfactory development. The long centuries of incubation on the medical tradition established in Egypt and the Greco-Roman Empire and among the Arabs had, in the sixteenth century, yielded anatomy as the basis for surgery, and in the seventeenth century physiology as the basis for a satisfactory understanding of how the body works in health. In the eighteenth century the foundations were laid for a science of disease, in the rise of pathology. During the first part of the nineteenth century chemistry developed rapidly, and fundamental discoveries were made regarding the origins and symptoms of disease. These scientific disciplines furnished the necessary backgrounds for developing a rational theory for internal medicine. Probably Claude Bernard's famous echo of the ancient humoral pathology in his concept of the internal steady state gave the impetus to the notion of internal medicine as a practical specialty.

The organization of the medical profession during the nineteenth century in the United States followed English eighteenth century standards. The physician, or internist, was the successor of the medieval cleric and was presumed to be a man of family, with independent means, who had gone to the university and acquired a doctor's degree. Since it was not necessary for him to earn a living, he would not deign to soil his hands by blood or work, and hence would not undertake surgery, nor would he himself compound a prescription. Out of the kindness of his heart he would condescend to give advice to unfortunate sick people who might come to see him. It was their custom to leave a gold guinea on the hall table as they departed, thus setting the example for the low internist's fee. If an operation were indicated, the physician would refer the patient to a surgeon. The surgeon was a man from the other side of the river, who had not been to the university, and who prided himself on not having a doctor's degree. He insisted on being called "Mister," and was not afraid to get his hands soiled with blood, nor to charge as heavy a fee as he could. If the physician felt that the sick person needed medicine, he would give an order to an apothecary to compound the prescription. The apothecary was a tradesman and, in fact, served as the first line of defense in sickness by directly dispensing to sick people what he thought might be helpful to them. It was his obligation, however, to refer sick people to the physician if he felt that his knowledge was not sufficient to handle the case.

This system worked well in England during the early part of the nineteenth century and indeed made considerable headway among the larger cities in the United States. But in the frontier areas, such as in Texas, it broke down completely. The circumstances were such that whatever doctors came into the new country had to be physician, surgeon, apothecary, nurse, sanitarian, friend, veterinarian, counselor, guide, civic leader, educator, statesman, and indeed a paragon of all virtue, good will, and humanitarian charitable service.

From the Republic until long after the discouraging days of Reconstruction, the long miles of Texas with its bravely scattered towns had place only for general practitioners. Rough was the frontier, and fractures, wounds, and accidental or deliberate injuries called for prompt surgical care. Births had the benefit of a physician only when the patient was important or in dire distress. Fevers of all sorts, constipations, and distempers made the days monotonous with quinine, castor oil, and calomel, both for the settlers and their doctors.

Under the urgency of frontier life in Texas, there could be no medical specialism. A powerful tradition of resourceful general practice was established and remained the characteristic feature of Texas medicine for a century. When a cautious limitation of practice began in the larger centers of Galveston, San Antonio, Houston, Dallas, El Paso, Austin, Texarkana, and Fort Worth, it was in the surgical specialties of gynecology, eye, ear, nose, and throat. General medicine and surgery remained the obligation of most of the physicians of Texas.

EARLY TEXAS MEDICINE

The story of Texas medicine from 1528, when the shipwrecked Cabaza de Vaca won the respect of the natives by his healing skill, to 1853, when the Texas Medical Association was founded, has been detailed by Dr. P. I. Nixon[8] and the biographies of many of the early "medicine men" recounted by Mrs. S. C. Red.[9]

The outstanding physician of the early Texas days whose interests were primarily in what we call internal medicine was Ashbel Smith (1806-1886). A Connecticut Yankee with a brilliant record at Yale, he studied at the world-leading Parisian medical centers

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in the 1830's. In Paris he attracted attention by his skill in the cholera epidemic of 1832, his notes on which were published when he returned to New York. After preliminary practice in the North Carolina hills, Ashbel Smith came to Texas shortly after the decisive battle at San Jacinto in 1836. He was appointed the first surgeon general of the Republic of Texas in 1837. Subsequently he engaged in statesman-like leadership in the new Republic, as Secretary of State, and then as first Minister of the Republic to England and France. He served later in the Texas House of Representatives and in the Senate.

In 1839 Galveston was visited with a severe yellow fever epidemic. Ashbel Smith kept careful records of his cases, performed a surprising number of examinations, and proposed a relatively mild method of treatment which seemed to be effective. He advocated the filling of marshy land and the removal of filth to prevent further epidemics. His report on this epidemic, published in Galveston in 1839 in a pamphlet of 79 pages, was the first significant medical contribution to be printed and published in Texas.

Ashbel Smith's interest in organized medicine was exemplified in his cooperation in the organization of the state medical society. In 1873 he reorganized the Galveston Medical College and was dean of the new Texas Medical College and Hospital from 1873 to 1882. When the cornerstone of the University of Texas was laid on November 17, 1882, Dr. Smith was chairman of the Board of Regents.

Ashbel Smith's career exemplifies the difficulties of developing effective medical practice in a contributory sense in the frontier days of Texas. Ashbel Smith was extremely well trained; an outstanding clinician; capable of skilled examination, records, and postmortem examinations; and an excellent writer. The demands for general leadership, however, interfered with his medical career, and apart from broad cultural leadership, he left no specific contributions to the development of the field in which he was primarily interested, which we now call internal medicine.

Anson Jones (1798-1858) was another example of a well trained young physician yielding under the frontier conditions of Texas to general statesmanship. He was apparently an excellent physician, but he became soldier, congressman of the Republic, and the last president of the Republic. On the other hand there was at least one physician who came to frontier Texas with sufficient scientific and investigative spirit to resist the challenge of political or cultural leadership, or indeed to undertake only partial obligation of his duty as a physician. Edmund Montgomery[10] (1835-1911) had been well trained by the German precisionists of the midnineteenth century, and had been greatly influenced by the philosophic implications of the biologic concepts of Charles Darwin, whose great "Origin of Species" had appeared in 1859. Montgomery came to Texas in 1873. At Liendo, near Hempstead, he carried forward scientific and philosophic research dealing with basic biologic problems of development and cellular organization. Much of this was published in the leading German medical journals and had no influence in Texas at the time. Indeed, the significance of his partial anticipation of H. Bergson's "Creative Evolution" is only now beginning to be realized.

While Greensville Dowell (1822-1881) was primarily a surgeon and known widely for his improved surgical instruments and procedures, he deserves consideration as a pioneering Texas internist as a result of his extensive studies and writing on yellow fever. In 1866 Dr. Dowell had organized the Galveston Medical College and had founded the *Galveston Medical Journal,* both pioneering ventures. The latter was well edited and printed, and in it were published several worthy articles dealing with infections, fevers, and other internal diseases. In 1867 also appeared Greensville Dowell's full treatise on yellow and other fevers, in which he hinted at the possible association of mosquitoes with outbreaks of the disease.

A worthy colleague of Greensville Dowell was John M. Haden (1825-1892) of Mississippi, who received his medical degree in 1847 from the University of Louisiana. After a brilliant military career, closing as surgeon general of the Confederacy, he settled in Galveston and became president of the Galveston Board of Health. In 1878 a severe yellow fever epidemic decimated New Orleans and raged as far north as Memphis. Convinced that the disease was carried in by infected people, he imposed a rigid quarantine on Galveston, with such carefully devised restrictions that not a single case occurred in the city.

To this early period in Texas medical history belongs Dr. George Cupples (1815-1895) of San Antonio, the second President of the Texas Medical Association. Dr. Cupples had the reputation of being a conscientious and devoted general practitioner, who dispensed his own medicines and did some surgery, thus partially qualifying him for leanings toward internal medicine. He had come to San Antonio in 1844 from Scotland, Paris, and the British Army, and had won wide respect by his clinical skill. Governor Hogg appointed him to represent Texas at the Pan-American Medical Congress in 1893, where he participated in discussions on the management of tuberculosis. He seems to have recognized the economic factors involved.

Also from San Antonio came the long lived and revered Ferdinand Herff (1820-1912) who, educated

at Bonn and Berlin under Dieffenbach and the great Johannes Mueller, really had a first class training for the time in what we call internal medicine. Joining a Texas communal colony in 1847, he came to San Antonio in 1850 and perforce was a general practitioner, engaging in surgery as well as dispensing his own medicines. His scientific training, however, maintained his interest in basic medical investigation. He was a pioneer protozoologist in Texas interested in intestinal parasites, but, lacking current European journals or stimulating associations, he was handicapped in his studies. Nevertheless as early as 1867 he seems to have discovered the hookworm in the stools of patients, as his specimens indicated later to Allen J. Smith.

Many other pioneering Texian physicians deserve notice for their contributions to the growing interest in internal medicine. Robert Henry Harrison (1826-1905) of Columbus, who served as vice-president of the Texas Medical Association in 1875 and as President in 1876, was considered to be an authority on yellow fever and served heroically in the 1873 epidemic. His experiences probably led him to work hard to establish the State Board of Health. W. M. Yandell (1842-1900) from Kentucky was a pioneer newspaper publisher in Seguin and San Angelo, but after settling in El Paso devoted himself to a broad study of climate and disease. As city physician of El Paso he was vigorous in controlling smallpox. His colleague, Charles Thomas Race (1851-1914), the cattle-riding doctor of Uvalde, came to El Paso in 1884 and succeeded Yandell as city physician. He wrote a useful booklet on smallpox control. Francis W. Gallagher (1852-1915) organized the El Paso Medical Society in 1898 and began a systematic effort to control tuberculosis. Henry K. Leake (1847-1916), a survivor of the 1875 hurricane which destroyed Indianola, became dean of medicine at old Southwestern University at Dallas, edited the *Texas Medical Record,* and was distinguished for his pioneering study of and report on epidemic meningitis. Internal medicine was sufficiently established in Texas by 1893 for a section to be organized in the State Association. The chairman of it was James C. Loggins (1865-1921) of Ennis, who became President of the Association in 1896.

It is clear, then, that during the major part of the nineteenth century there was little internal medicine as such recognized or practiced in Texas. Some Texian general practitioners were perhaps not very skillful as surgeons and thus tended to limit themselves to the diagnosis and handling of fevers, infections, dropsies, skin disorders, and wasting diseases. There is almost no evidence of the influence in Texas of the important developments in bacteriology, metabolism, chemistry, or clinical diagnosis which were currently being made in Europe or in the large eastern centers of the United States. Texas was far behind other southern states medically, and as a result has had an enormous handicap since in developing a powerfully motivated and efficiently contributing internal medicine group. Preoccupation with yellow fever, malaria, and politics, and lack of current foreign medical journals seem to have inhibited in Texas for many long years the possibility of promoting keen intellectual interest in the etiology, pathogenesis, management, or control of internal disease.

INTERNAL MEDICINE A SPECIALTY

The State Medical Association of Texas recognized a prime obligation to its members in 1905 when it established and provided funds to maintain a monthly journal, the TEXAS STATE JOURNAL OF MEDICINE. The Texian venture gives a fair picture of what medicine in the area was like at the time.

Although most articles were case reports and sophomoric "essays" with few facts, much discussion, and no references, there were several contributions of a worthier sort, some of which indicated a growing concern with internal medicine. Of an informative nature in the manner of a postgraduate medical lecture were articles by A. E. Thayer, professor of pathology at the University of Texas Medical Branch, on "Parasites in the Blood"[11] and by John T. Moore, associate professor of medicine at Galveston, on "The Differential Diagnosis of the Type of Malarial Parasites by the Microscope."[7] Particularly noteworthy was the lecture on yellow fever given in Galveston, April 12, 1905, by James Carroll of the famed Walter Reed Army team.[2] This contains much historical material. Excellent also was the discussion by J. W. McLaughlin on "Pathogeny of Fever: A Theoretical Discussion," in which was attempted a molecular explanation of the formation of immune bodies.[5]

References to text sources were first given in a Texian medical journal by Albert Woldert in a discussion on "The Diagnosis of the Different Forms of Nephritis and the Unreliability of the Nitric Acid Tests."[13] This was part of a symposium on nephritis held at a State Association meeting. The symposium was the first clear recognition of the developing field of internal medicine.

The relatively high standards of the TEXAS STATE JOURNAL OF MEDICINE were well established by 1915. H. R. Dudgeon of Waco, R. W. Baird of Dallas, and G. D. Bond of Fort Worth, acting as a Cancer Committee, rendered an excellent report as part of an extensive cancer symposium.[3] There was also an interesting pellagra symposium[4] in which O. M.

Marchman reported an extensive Dallas discussion. To this K. H. Beall of Fort Worth, an original and inspiring thinker, added a well analyzed report on "The Epidemiology of Pellagra in Texas."[1] H. L. McNeil's "Diagnosis of Pancreatitis, With Report of Cases"[6] also was published in that year.

By now internal medicine was becoming well established, and many keen Texian physicians were limiting themselves to its practice as a specialty. Allen Heard (1882-1926) of Galveston was one of the best teachers in the early growth of internal medicine and pioneered in separating pediatrics from internal medicine in Texas. Dr. Heard first gave systematic instruction in physical diagnosis. Similarly, C. M. Griggsby (1868-1942) of Dallas wisely directed the early expansion of the concepts of internal medicine at Baylor University College of Medicine. George H. Moody (1872-1917) of San Antonio, President of the Texas Medical Association in 1915, represented the new off-shoot of neurology from internal medicine. He had established one of the first private sanitariums for nervous diseases, and was trying to meet the developing needs for medical management of psychiatric patients.

Probably the first qualified internist in Texas was George Dock (1860-1950), who was professor of pathology at the Texas Medical College in Galveston from 1888 to 1891. At Galveston he was famed for his clear analysis of cardiorespiratory diseases. The first professor of clinical medicine at the Medical Branch was Hamilton Atchinson West (1849-1904), secretary of the Texas Medical Association and vice-president in 1898 of the American Medical Association. He was a careful student of gastroenteric conditions and helped establish knowledge about dengue fever. His publications were many and well organized, and were climaxed by his articles on dysentery, dengue, and yellow fever in Pyle's "Cyclopedia of Medicine and Surgery."

Edward Randall (1860-1944) held the chair of therapeutics at the University of Texas Medical Branch from 1890 until his death, and greatly aided the clinic and bedside teaching of internal medicine by his leadership in providing facilities through his positions on the Board of Regents of the University and on the Sealy and Smith Foundation for the John Sealy Hospital. His colleague, Allen J. Smith (1863-1926) greatly aided in the development of internal medicine in Texas by his scientific skill and teaching ability. While serving as professor of pathology from 1891 to 1903, he also lectured on nervous and mental diseases. His text on infectious diseases appeared in 1902. He established the epidemiology of hookworm infestation and taught tropical medicine.

The greatly respected Marvin Lee Graves, now of Houston, became professor of medicine at the Medical Branch in 1905, and also gave special lectures in nervous and mental diseases. In this he was a pioneer in emphasizing the significance of psychosomatic factors in disease symptoms. On his coming to Houston, his place was taken by Charles T. Stone, who developed systematic residency training in internal medicine with a graded instructional course and became a leader in gastroenterology.

Meanwhile internal medicine at Galveston was promoted by John T. Moore; by H. R. Dudgeon, who first taught dermatology in 1904; by George H. Lee, who also taught dermatology; and by Wallace Rouse.

Strong support to the development of internal medicine as a specialty in Texas was given by Sam E. Thompson of Kerrville. Interested particularly in tuberculosis, he was medical director of the Texas State Tuberculosis Sanatorium from 1913 to 1917, when he established his own institution. R. B. Homan of El Paso strongly advocated special training for effective care of tuberculous patients.

The scientific background to internal medicine was well provided by William Spencer Carter (1869-1944), professor of clinical physiology at the Medical Branch from 1897 until 1903, when he became dean. He had received the Boylston Prize for his study on leukocytosis in 1892. At Galveston he contributed to the understanding of the symptoms of yellow and malarial fevers; analyzed in a classic report in 1901 the toxic action of poisonous toad-stools; and studied intraspinal pressure, blood transfusion, blood changes in anoxia, and the function of renal epithelium.

Dean Carter's studies on circulation of cerebrospinal fluid, with clinical applications, were made in connection with the meningococcus meningitis epidemic in Texas in 1912. He wrote on the control of tuberculosis, advocated sanitary water and milk control, and was a pioneer in teaching preventive medicine. In this new field offshot from internal medicine, Carter was greatly aided by Mark Boyd, who made important contributions in Galveston in 1920 to plague control and who there began his studies on the epidemiology of malaria, which have brought him such renown. Preventive medicine in relation to internal medicine was much advanced in Texas by Walter H. Moursund, who became professor of pathology and preventive medicine at Baylor University College of Medicine in Dallas in 1911 and dean in 1923.

Dean Carter was early a member of the National Board of Medical Examiners. In recognition of his skill in medical administration he was asked in 1922 to help organize the Medical School of the University of the Philippines. The year following he joined the Medical Science Division of the Rockefeller Foun-

dation, making medical surveys in Africa, Java, New Zealand, and Asia. In 1925 he was director of the famed Peking Union Medical College, and in 1926 he organized the Calcutta School of Tropical Medicine. At last Texian ideas were being heard throughout the world, and some return was being made for the many decades of medical skill which had been brought to Texas.

The teaching and study of tropical medicine in Texas was promoted by George E. Bethel (1894-1935), dean of the Medical Branch from 1928 to 1935. This aspect of internal medicine has been broadly stimulated in Texas by the worldwide appreciation of the important protozoologic contributions of Asa Chandler of Rice Institute, Houston.

Although not directly associated with a Texas institution, Theobald Smith (1859-1934), the great comparative pathologist of the Rockefeller Institute, did much of his outstanding studies on the animal reservoir of disease and on insect transmission of disease in Texas. Charles F. Craig (1872-1950), the brilliant Army pathologist and world renowned authority on tropical diseases, made his home in San Antonio on retirement and from there wrote his books on "The Laboratory Diagnosis of Protozoan Diseases" (1941), and "The Etiology, Diagnosis and Treatment of Amebiasis" (1944).

RECENT DEVELOPMENTS

The scientific background for internal medicine was furthered in Texas by establishment of training in biochemistry and nutrition at the University of Texas Medical Branch in 1913 under William C. Rose. Dr. Rose began at Galveston the studies on amino acids in nutrition which have since brought him such fame at the University of Illinois, whither he went in 1922. This chemical background for internal medicine was especially stimulated in Texas by the coming of Meyer Bodansky (1896-1941) in 1926 as director of the John Sealy Memorial Clinical Research Laboratory. His influence was worldwide as a result of the important clinical laboratory tests he devised and especially for his significant "Biochemistry of Disease," published in 1940.

Meanwhile advance in internal medicine was accelerated by the influence of George Herrmann of Galveston, whose clinical and experimental skill in cardiovascular conditions brought him international recognition. This aspect of internal medicine was further greatly developed by Tinsley Harrison when he was professor of medicine at Southwestern Medical School in Dallas during World War II. His world-known ability made it possible for him greatly to expand the residency training program in internal medicine which had been so well developed by Henry Winans in the Dallas hospitals and in nearby Veterans Administration hospitals. Also internationally known for his analysis of cardiorenal conditions is Arthur Grollman, who came to Southwestern Medical School with Tinsley Harrison.

Understanding and control of cardio-vascular-renal disease was further promoted by Raymond Gregory, who also developed endocrinology. The publications of Arthur Ruskin and Eric Ogden in cardiology aided in advancing the status of internal medicine in Texas.

Significant for internal medicine in Texas has been the great achievement of General O. O. Benson, Jr., and his many associates at the School of Aviation Medicine at Randolph Field, culminating in the remarkable symposium on "Medicine and Physics of the Upper Atmosphere."[12] Inspired by aviation problems, notable contributions have come from Howard Swann on asphyxia, on the mechanism of drowning, and on intrarenal pressure. War medicine helped develop the important blood banks of the major Texas cities and led to the hematology contributions of W. C. Levin of Galveston. Internal medicine joined fruitfully with radiology and surgery in a powerful thrust at cancer in Texas in the M. D. Anderson Hospital for Cancer Research of the University of Texas, established under the guidance of E. W. Bertner in Houston and now offering excellent annual cancer symposiums under R. Lee Clark and his associates.

Currently a host of competent internists are promoting the dignity of internal medicine in Texas. The many diplomates of the American Board of Internal Medicine who are so highly regarded in Texas are sufficient testimony to the sudden blooming of the specialty.

The major Texas towns now have the size and opulence to permit grouping of medical specialists for improved service to the people. Ready transportation over a fine road system permits adequate hospitalization and reference and consultation practice. Here internal medicine has a big role to play, and in Texas, is finally doing it well.

The status of any medical specialty in an area can be judged now by the approved residencies available in it. On this basis Texas has made enormous progress in the past decade. No residency training programs were available in any Texas hospital for internal medicine when the first report on approved residencies in the United States was made by the Council on Medical Education and Hospitals of the American Medical Association in 1926. In 1927, however, two residencies in internal medicine were acceptable in Dallas—one at Baylor Hospital, the other at Parkland—under the able direction of Henry Winans. Even a decade later, however, the only Texas hospitals approved for residency training in internal

medicine were Baylor Hospital, Dallas, under Henry Winans, and the John Sealy Hospital, Galveston, under Charles T. Stone.

By 1942, however, residencies in internal medicine in Texas were increasing. Nevertheless, only sixteen internal medicine residencies were available in six Texas hospitals, while there were 847 open in 221 hospitals for the country as a whole. At Baylor Hospital, under Henry Winans, there were three residencies; at Parkland Hospital, under W. G. Reddick there were four; at John Sealy Hospital under Charles T. Stone, there were six, and in Houston there was one each at Hermann Hospital, Jefferson Davis Hospital, and the Southern Pacific Hospital, under F. R. Lummis, S. B. Weil, and M. D. Levy, respectively. Now there are ninety-six approved residencies available in internal medicine in Texas, in fifteen hospitals. In addition, the clinical offshoots of internal medicine are well stabilized with two residencies in cardiology under George Herrmann, six in dermatology under Clarence Livingood, twenty-one in psychiatry under Titus Harris, and eleven in pediatrics under Arild Hansen, at the Medical Branch hospitals in Galveston.

Finally, internal medicine in Texas has become well established and appreciated. With many able internists certified by the American Board of Internal Medicine in practice in Texas, with strong residency training programs fully approved in the leading Texas hospitals, with ample opportunity for scientific stimulus from the preclinical laboratories in the three Texas schools of medicine, and with satisfactory library facilities available, the next century of internal medicine in Texas should really be a matter in which all Texians may put their customary pride.

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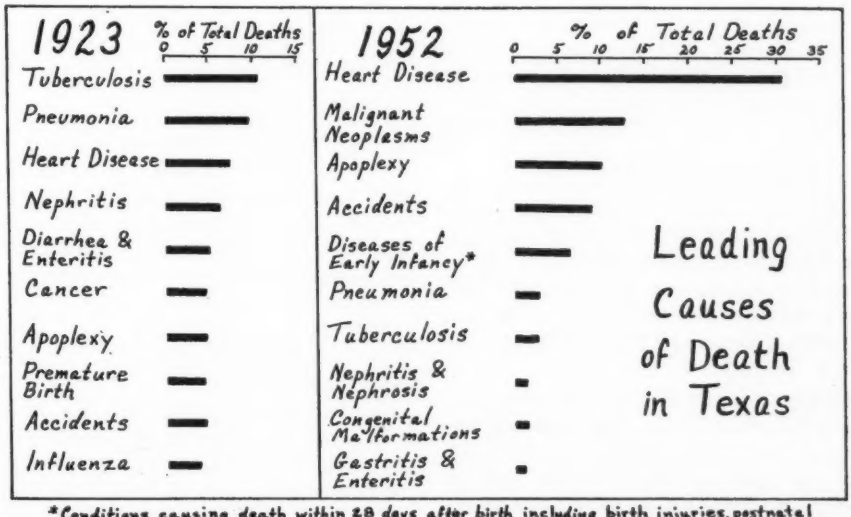

*Conditions causing death within 28 days after birth including birth injuries, postnatal asphyxia and atelectasis, infections such as diarrhea and pneumonia, hemolytic disease and immaturity.

(Data courtesy of Texas State Department of Health.)

One Hundred Years of Surgery in Texas

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THE discoveries and contributions to medical science of a few men who lived in the first half of this hundred years ushered in the period of modern surgery. The work of these scientists primarily accounts for the fact that surgery has made more progress in the last one hundred years than it had made before, even since the beginning of time. Therefore, it seems logical to mention these men, and to tell briefly of their accomplishments as a prelude to a discussion of one hundred years of surgery in Texas.

The first significant event was the discovery of anesthesia by Dr. Crawford W. Long of Georgia on March 30, 1842. He gave ether to James M. Venable for the extirpation of a cystic tumor of the neck. The statement rendered to Mr. Venable for this, the first operation in all the world under surgical anesthesia, was 25 cents for the sulfuric ether and $2 for the surgical fee. Medicine and the people owe much to him. The discovery of anesthesia was followed in twenty years by Lister's development of antisepsis. Certainly these are two of the greatest achievements in the whole history of surgery. Louis Pasteur, the son of a French tanner, died only fifty-eight years ago. Pasteur is recognized as the most important figure in the field of bacteriology. Medicine is indebted to him for the establishment of the role of micro-organisms in disease and is honored by claiming him as the father of bacteriology. A knowledge of pathology always has been essential to good surgery. Virchow was one of the greatest pathologists of all time, for he was the founder of the doctrine of cellular pathology, holding that all cells come from other cells. Virchow, who died only fifty-one years ago, is deservedly considered the father of modern pathology. William Conrad Roentgen, a German physicist, discovered the roentgen-ray in 1895. For this achievement he was awarded the Nobel Prize in physics. Madam Marie Curie with her husband, Pierre Curie, discovered radium in 1898. Certainly the work and discoveries of these eminent scientists have contributed much to the phenomenal progress of surgery in Texas during this one hundred years.

Unquestionably, many factors influenced the surgery of a hundred years ago. An important one was the education of the physician of that time, for it was varied. Some were graduates of the medical colleges and universities of Europe and, therefore, were among the better informed doctors of their time. Some practitioners attended our own medical colleges, of which there were fifty-five as early as 1857, while other physicians had only preceptorship training. The knowledge of some was obtained by reading the medical books of the time, and the information acquired from these was limited. In 1853, at the solicitation of medical friends, Dr. J. C. Massie of Houston wrote the medical text "Eclectic Practice of Medicine." A significant observation is that surgical therapy is not mentioned in his discussion of the treatment of diseases of the chest or abdomen except to state that tapping of the chest and abdomen for removal of fluid may occasionally be indicated.

A number of physicians had some preceptor training supplemented by a course of a few months of lectures in a medical college. Only one or two years of study was required to obtain a degree in medicine from many of the medical colleges of the time. A fact worthy of note is that medical colleges in America were not standardized until about forty years ago; however, some of the colleges relatively early had a three or four year curriculum, and it is to the credit of Texas that the Medical Branch of the University of Texas established a four year course of study in 1900.

The medical education of Gordon Lincecum, who was one of the prominent physicians of some ninety years ago, consisted of reading some of the medical books of that day and later, a twenty-eight day period of instruction from a Choctaw medicine man, Eliche Chito. He paid the Indian $11 for his services. Dr. Lincecum is described by Nixon as a frontier teacher, Indian trader, pioneer physician, philosopher, explorer, musician, archeologist, and naturalist. He was an ardent advocate of legalized sterilization of the feebleminded, the mentally defective, the criminally insane, and the unfit generally to whom childbearing should be denied. He advocated, as he expressed, "Cut, trim and purify the race as fast as possible."[7] He had this to say in regard to doctors, "They are to be sure a devilish poor deceitful set, generally having short heels which enables them to rear back upon their dignity gracefully."[7]

The laws regulating the practice of medicine were liberal until the early part of this century. A certificate to practice medicine could be obtained after taking a few months or a course of lectures at a medical school. Certainly the educational qualifications of the physicians of this time directly influenced the quality of the surgery performed.

Due consideration should be given to the fact that

From the Surgical Staff, Scott and White Clinic.
Read before the Section on Surgery, Texas Medical Association, Annual Session, Houston, April 28, 1953.

the physicians and surgeons of this early period were handicapped by many things, among which were the poor methods of transportation; the restriction of available drugs, there being no drugstores at that time; and also by a limited supply of surgical instruments, many of which were crude. All are familiar with the phrase, "horse and buggy doctor," but in this early period much of the practice was done on horseback and without the buggy. One physician wrote that he usually rode a mule.

Another fact which affected the surgery of that day was that there were few hospitals, and the facilities of these were poor. St. Mary's Infirmary in Galveston, which was established in 1867, is the oldest functioning hospital in the state. However, as early as 1837 there was some kind of a hospital in Houston, and by an act of Congress of the Republic of Texas, 10 acres of land were appropriated in 1840 to build a hospital in Austin. The first hospital in Dallas, St. Paul's Sanitarium, was not built until 1895, and the first hospital in Texarkana was established in 1900. The lack of hospital facilities in these early years is emphasized by the fact that there were only 19 hospitals in Texas in 1900 registered by the American Medical Association, whereas in 1951, this number was 546.

Furthermore, we should be cognizant of the fact that there were then no graduate nurses, who today do so many things for the surgeon. The first school of nursing south of St. Louis was established in 1890. This was the John Sealy College of Nursing. Linda Richards, the first graduate nurse of America, received her degree in nursing just eighty years ago. There were no residents to assist in the surgical procedures, for the first residency training program in America was established by Dr. Halsted about 1894. Much of the surgery of that day was performed, not in hospitals, but in the homes of the patients, with the friends and relatives serving as anesthetist, nurse, and assistant to the surgeon. Even when I went to Temple as an intern, it was not unusual for Dr. Scott or Dr. White to go out to a neighboring town and do an operation in the patient's home.

Gordon Mackey, a Temple druggist, tells of Dr. Scott's coming out to Lampasas more than fifty years ago to do an appendectomy for his brother. He relates that Dr. Scott had the family boil enough water for a hog killing. Everything was moved out of the dining room but the table. The room and table were thoroughly scrubbed, but what impressed little brother Gordon most of all was that Dr. Scott wasted so much time washing his hands. He washed them three times. Gordon concluded that a physician who would do that was not very smart, and with such a surgeon to operate upon his brother, he expected him to die. Fortunately, the patient recovered.

I recall a similar incident of my early boyhood. Dr. A. B. Small, formerly of Waxahachie and later of Dallas, came out to our neighborhood and operated upon a young boy friend of mine for a perforated appendix. That was the first appendectomy of our neighborhood, and it made quite a hero of my friend. He was the envy of all. He wore a dress for several weeks following his operation so there would be nothing tight across the abdomen. It was Dr. Small's opinion that appendicitis was caused by a seed or some foreign body lodging in the appendix. I have never quite forgiven Dr. Small that opinion, for it caused my father to feed to the hogs a large sack of raisins which we had at that time.

CUPPLES' SURGERY REPORT

A most informative report of surgery performed in Texas in the early part of this one hundred year period was compiled in 1886 by a committee of physicians of which Dr. George Cupples was chairman. Information was obtained from 138 surgeons, with an analysis of 4,293 surgical procedures (table 1). Certainly there had been many other operations performed in Texas up to that time which were not recorded in this study.

TABLE 1.—*Summary of Major and Minor Operations.*
(Cupples' Committee Report)

	Operations	Recoveries	Deaths
Major	2,080	1,749	331
Minor	2,213	2,194	19
Total	4,293	3,943	350

Table 2 shows the number of disarticulations and amputations, more than 16 per cent of all the operations.

Table 3 summarizes the complications, and table 4 gives the results of anesthetics used. It is noteworthy that there were no deaths during the operations.

TABLE 2.—*Disarticulations and Amputations.*
(Cupples' Committee Report)

	No. of Cases	Deaths
Total disarticulations	65	12
Total minor amputations	137	0
Total major amputations	502	96
Total	704	108

TABLE 3.—*Summary of Complications.*
(Cupples' Committee Report)

	No. of Cases	Recoveries	Deaths
Secondary hemorrhage	38	30	8
Tetanus	14	2	12
Gangrene	10	5	5
Pyemia	7	0	7
Septicemia	11	1	10
Erysipelas	13	9	4
Total	93	47	46

It is observed in a review of the surgical work reported by the Cupples' Committee that practically all

of the operations performed were upon the body surface and not for conditions within the skull, the thorax, or the abdomen. The majority of operations upon the chest were for empyema or hydrothorax, and the usual surgical procedure was aspiration, but sometimes a thoracotomy was done. Most of the operations performed on the head were a trephining procedure, for the elevation of a depressed fracture, or the removal of necrosed bone. Trephining was performed on a few patients for epilepsy. There were only 2 operations on the thyroid; in 1 patient a cyst was excised, and for the other, a cyst was drained. There was just 1 operation on the stomach, a gastrostomy. There is no record of any gallbladder surgery or of a resection of the bowel. Particularly would I call attention to the fact that there is not a single appendectomy included in this report, and this was only sixty-seven years ago. Of the 119 abdominal operations, in which there were 49 deaths, only 23 were for conditions other than gynecologic. Two splenectomies were done, and both patients died. Practically all of the rectal surgery was for fistulas, hemorrhoids, strictures, or polyps. A majority of genitourinary operations were lateral lithotomies or urethrostomies for stricture. The committee report includes 104 amputations of the breast. Ten of these patients lived six to fifteen years without a recurrence of the disease. It is judged from the operative notes that for many of these patients, only a simple breast amputation was performed.

TABLE 4.—*Results of Anesthetics Used.*
(Cupples' Committee Report)

	No. of Operations	Preoperative Deaths	Alarming Symptoms
Chloroform	3,179	1	12
Ether (after operation)	122	0	3
Chloroform and ether	132	0	0
Chloroform and alcohol	3	0	0
Various	26	0	0
Cocaine, hydro-chlorate	85	0	0
Total	3,547	1	15

There were no deaths during operation.

The following excerpt from the writing of a physician of that time explains somewhat why the field of surgery was so restricted then. Dr. J. A. Abney, who was graduated from the Galveston Medical College in 1871, commenting upon the teaching of the time, stated, "Our ablest surgeons taught that the internal cavities were forbidden territory and we were advised never to enter it, only as a dernier resort. The aseptic surgery of the present day, and healing by first intention, was not known, hence we were taught that the main feature in any surgical operation was to get healing by healthy granulation, or, as they then termed it, laudible pus."[8]

Drs. George Cupples and Ferdinand Herff performed by far the majority of the operations reported by the committee, each being responsible for more than 200 procedures whereas none of the other five surgeons did more than 30.

Dr. Cupples was one of the most outstanding surgeons in Texas in his day. He was a graduate in medicine from the University of Edinburgh and later went to Paris for further study. He came to San Antonio in 1844. Dr. Cupples was president of the Texas State Medical Association in 1853 and again in 1878. He was the first to introduce into Texas anesthetics—ether first, then chloroform. He was the first in the United States to perform the extirpation of the tongue for cancer by Nunnally's method. He is recorded as being the first in Texas to amputate at the hip joint and knee joint with success.

Dr. Ferdinand Herff was born in Germany in 1820. He studied medicine in the University of Berlin for two years, then two more years in the University of Giesen. He came to Texas in 1847. He is reported to have performed the first lithotomy in Texas in 1854. Furthermore, he is credited with doing the first operation for cataract in the state and also is supposed to have performed the first gastrostomy in the United States in 1879. History records that Herff was a rapid and skillful operator and that he did much of his work in farm houses or even on the street, with whatever instruments were at hand. I recall a story told of him which supports this statement. A man brought his wife to Dr. Herff's home for consultation. The doctor examined her in the street in front of his house. The woman had an abscess of the breast and she wanted an opinion whether or not she should have an operation. While examining the patient in the buggy, he slipped out his knife and lanced the breast. Dr. Herff performed his last major operation in 1908 at the age of 87.

Dr. Greensville Dowell, a Virginian born in 1822, also was among the physicians who supplied information to the Cupples' Committee. He had an inventive mind, devising an operation for radical cure of hernia by means of subcutaneous stitches and ligatures to be passed through the rupture wall, and he invented suitable needles by which to accomplish this. This was in 1857, thirty years before Halsted and Bassini made their first important report on the same operation. In 1874, Dr. Dowell described in the *Annals of Surgery* an operation for the fixation of a floating kidney. He also devised a subcutaneous ligature for the cure of varicose veins and several types of speculums.

Another surgeon whose work was included in the report was Dr. B. E. Hadra. Born in Prussia in 1842 and educated at the Universities of Breslau and Berlin, where he spent five years in the study of medicine, he came to Texas in 1870. He served for sev-

eral years on the Board of Regents of the University of Texas. Hadra was professor of surgery at the Texas Medical College and Hospital in Galveston, and at a later date, he was professor of surgery at the Medical Department of the University of Dallas. He was a voluminous writer. In one of his papers, he reported 9 Kraske operations for cancer of the rectum, and in another article, he advocated wiring of the vertebrae as a means of internal fixation for tuberculosis of the spine. His greatest fame rests on his article discussing lesions of the vagina and pelvic floor. He was president of the Texas Medical Association in 1900.

EARLY SURGERY PAPERS

Some papers presented for the Texas State Medical Association in this early period are informative. The address of Dr. James D. Osborn of Cleburne, chairman of the Section on Surgery and Anatomy for the annual session of 1887, gave a discussion of antisepsis, stating that the subject most discussed and most written upon in the past twelve months was antisepsis. He mentioned some of the recent achievements of surgery and stated that one of the greatest triumphs of the surgical world was a gastrostomy performed on a child 6 years old. Upon exploration of the stomach, a button was found in the pyloric region with a mass of worms in the stomach. The worms and the foreign body were removed, and the patient made a satisfactory recovery. He also discussed in his paper the procedure of laparotomy for traumatism, stating that up to February, 1887, there were only 57 cases reported in the literature, and only 21 of these patients recovered.[13]

Dr. C. A. Smith of Tyler was chairman of the Section on Surgery and Anatomy in 1894. Again the topic of the chairman's address was asepsis and antisepsis. He pointed out that from the time of the visit to this country of that distinguished Scotch surgeon, Sir Joseph Lister, in 1876, when he explained his doctrine of antiseptic surgery and demonstrated its grand practical results, the American surgeons have been enthusiastic supporters of the new idea and have contributed no little to the overthrow of filthy and dirty surgery. He concluded his address by stating that if there is one thing a surgeon should learn thoroughly if he hopes for good results, it is the art of cleanliness.

Dr. B. F. Brittain of Arlington, at this same annual meeting, reported removing 2 breasts for carcinoma and concluded by saying that 20.85 per cent of carcinomas of the breast are cured by proper surgical procedure.

A paper on brain surgery by M. M. Smith of Austin was given also at this meeting. He stated that brain surgery is applicable not only to the treatment of acute wounds of the head, but also for the relief of epilepsy, cure of imbecility, removal of clots, opening of abscesses, excision of tumors, relief of intracranial pressure, and cure of traumatic insanity.

Another interesting paper was presented by Drs. E. J. Beall, A. C. Walker, and E. D. Capps of Fort Worth. The essayists discussed the fitness of the climate of Texas for operative surgery demonstrated by results in recent capital cases. The paper is concluded with the statement, "It is a fact that local environment may act disastrously to operative surgery in all countries. It is a fact that certain constitutional conditions—the existence of certain diseases—will render abortive surgical skill and endeavor in all operative fields wheresoever."[14] The paper is concluded with the affirmation that Texas has a climate with inherent advantages.

Subjects in the annual session program for 1911 reflect a definite change in surgical thought. This year's program included three papers discussing the surgical treatment of goiter, one on gallbladder surgery, another on operations after injury to the spinal cord, a paper on cancer, and one on ileosigmoidostomy for chronic mucous colitis.

EDUCATION IN SURGERY

Since the quality of medicine and surgery practiced is directly modified by the education of the physician, it seems proper to point out that beginning with establishment of Galveston Medical College in 1866 there has been a succession of eight medical schools in Texas, of which three are now in operation. A majority of the practicing physicians of the state had their medical education in one of these eight schools. The high quality of surgery practiced in Texas at this time is a credit to the faculties of these schools.

SURGICAL SOCIETIES

Another fact which shows the interest of Texas surgeons in scientific medicine was their activity in surgical societies. The American College of Surgeons was organized in 1913, and several Texas surgeons were charter members. The American College of Surgeons deserves much commendation, for it has done more than any other organization toward the establishment of high standards of hospital and surgical service for the people of America. It is to the credit of the surgeons of this state that the Texas Surgical Society was organized only two years after the American College was established. The charter members of the Texas Surgical Society are shown in figure 1.

The membership of this organization included many of the more capable and illustrious surgeons of forty years ago in Texas. A number of this group could be regarded as representing three eras of this one hun-

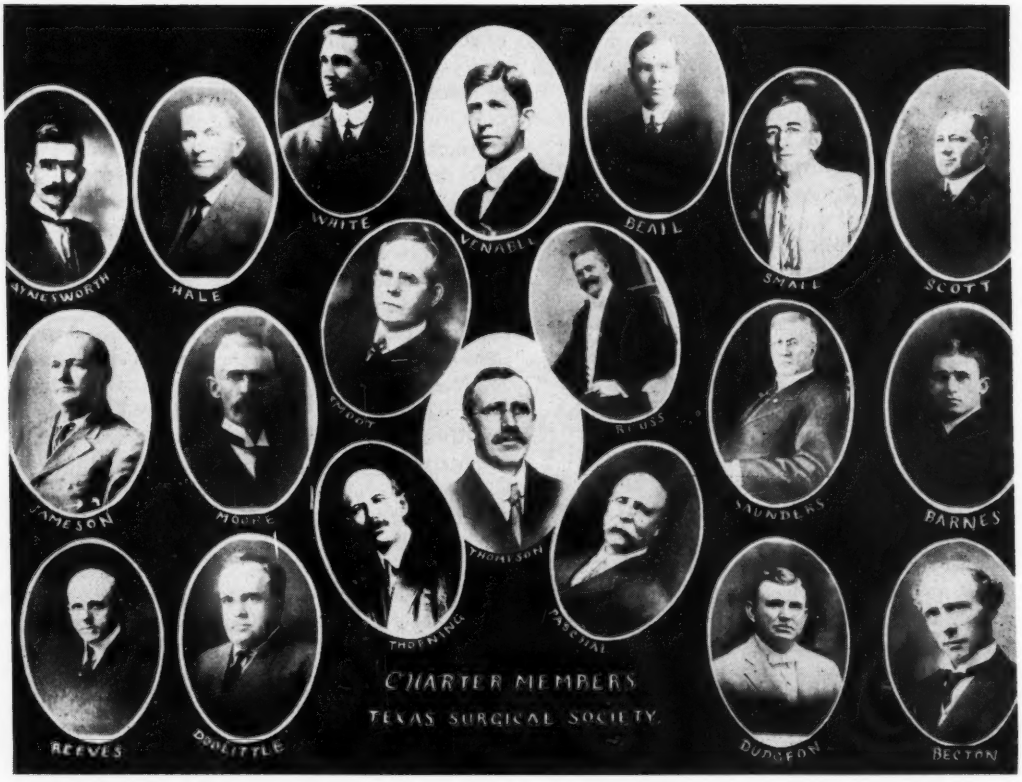

FIG. 1. Charter members of the Texas Surgical Society.

First row, left to right: Drs. K. H. Aynesworth, Waco; J. W. Hale, Waco; R. R. White, Temple; C. S. Venable, San Antonio; Frank Beall, Fort Worth; A. B. Small, Dallas; A. C. Scott, Temple.

Second row: Drs. William G. Jameson, Palestine; John T. Moore, Houston; J. B. Smoot, Dallas; J. M. Reuss, Cuero; Bacon Saunders, Fort Worth; Frank L. Barnes, Houston.

Third row: E. J. Reeves, Dallas; H. M. Doolittle, Dallas; W. Burton Thorning, Houston; James E. Thompson, Galveston; Frank Paschal, San Antonio; H. R. Dudgeon, Waco; Joe Becton, Sr., Greenville.

dred years of surgery in the state, the pioneer period, the transition period, and the period of today.

Dr. James E. Thompson of Galveston was an English surgeon and scholar with a mind finely trained in literature and art as well as in the science of medicine, a man of keen wit and great personal charm. He was the first professor of surgery of the Medical Department of the University of Texas and was its professor of surgery for thirty-six years. He was the first president of the Texas Surgical Society, and to him, much credit is due for its organization.

Dr. Bacon Saunders of Fort Worth was graduated from the University of Louisville with highest honors. He is credited with having performed the first operation for appendicitis in Texas and one of the first in the United States. Dr. Saunders was one of the founders of the Medical Department of Texas Christian University in Fort Worth and was president of the faculty of the medical school and professor of surgery. He was one of the founders of the American College of Surgeons. Dr. Saunders was the second president of the Texas Surgical Society and was also president of the Texas Medical Association.

Dr. A. C. Scott of Temple was my senior preceptor in surgery. He gave much study to the diagnosis and treatment of cancer, and one of his many contributions to surgery was his teaching pertaining to the use of the cautery knife in the eradication of malignant disease. He was president of the Texas Medical Association in 1923. Dr. Scott was co-founder of the Scott and White Hospital.

Dr. R. R. White of Temple was my junior preceptor in surgery. He was a practical physician, a master of the art of medicine, and as a surgeon, a skillful technician. He was co-founder of the Scott and White Hospital.

Dr. C. S. Venable of San Antonio has been much interested in surgery of trauma and was president of the American Association for the Surgery of Trauma in 1942. He has served as president of the Texas Surgical Society and was president of the Texas Medical Association in 1943.

Dr. H. R. Dudgeon of Waco was demonstrator of surgery and later associate professor of genitourinary disease and adjunct professor of surgery at the Medical Branch of the University of Texas. He was a pioneer in cardiac surgery. He was president of the Texas Medical Association in 1936.

Dr. Frank L. Barnes of Houston, formerly of Trinity, read the first paper in Texas against fee splitting. He served as the president of the Texas Surgical Society.

Dr. Joe Becton, Sr., conducted a private hospital in Greenville. He was president of the Texas Medical Association in 1922; his distinguished father had been president in 1885.

Dr. A. B. Small of Dallas was professor of clinical surgery

at Baylor University College of Medicine for a period of twenty years and also served as president of the Texas Surgical Society.

Dr. Frank Beall, a distinguished surgeon of Fort Worth, was president of the Texas Surgical Society in 1923.

Dr. J. M. Reuss of Cuero attended the first session of the University of Texas in Austin in 1883. History records that he performed the first appendectomy in Southwest Texas. He was chairman of the organizational meeting of the Texas Surgical Society.

Dr. John T. Moore of Houston was clinical professor of surgery at the University of Texas Medical Branch for several years. This pioneer surgeon was the first in Houston to have radium. He was a past president of both the Texas Medical Association and the Texas Surgical Society.

Dr. William G. Jameson of Palestine was chief surgeon of the International and Great Northern Railroad for twenty-five years. He was a charter member of the American College of Surgeons.

Dr. J. W. Hale taught anatomy at Vanderbilt University, practiced surgery in Waco, and later specialized in roentgenology.

Dr. W. Burton Thorning was one of the organizers in 1916 of the Houston Clinic and was third president of the Texas Surgical Society.

Dr. H. M. Doolittle was professor of surgery at Baylor University College of Medicine, member of the Dallas Medical and Surgical Clinic Hospital, and past president of the Texas Surgical Society.

Dr. J. B. Smoot, eminent surgeon of Dallas, was professor of surgery of Baylor University College of Medicine for many years.

Dr. K. H. Aynesworth of Waco was not only an authority on surgical subjects, but a philosopher, archeologist, and historian of note. He served as president of the Texas Surgical Society.

Dr. Frank Paschal of San Antonio was president of the Texas Surgical Society, president of the Texas Medical Association, and a charter member of the American College of Surgeons. He founded the Associated Charities of San Antonio and aided in building the Physicians and Surgeons Hospital of that city. His work was chiefly surgical, with particular specialization in the removal of bladder stones.

Dr. E. J. Reeves of Dallas was a New Englander by birth, a distinguished surgeon who was forced to retire from his chosen profession early in his career because of failing health.

Texas owes a debt of gratitude to these twenty distinguished surgeons for their vision in the organization of this surgical society. Certainly it has enhanced surgical progress in our state.

SURGICAL PROGRESS

Another noteworthy fact which has favorably influenced the progress of surgery since the turn of the century has been the development of specialization in the field of surgery. Even forty years ago, my professor of surgery was also my professor of all the surgical specialties.

It is worthy of emphasis that much which was taught forty years ago is still sound teaching today, and a large part of the surgery performed then is not excelled today in its technical execution. However, even forty years ago surgery of the thyroid was done in stages. A cholecystotomy was performed for disease of the gallbladder. Hysterectomy was the treatment for cancer of the cervix, and vaginal hysterectomy was performed by leaving clamps on the broad ligaments for forty-eight hours. The treatment of gastric ulcer was excision of the ulcer and gastroenterostomy, while for duodenal ulcer, a pyloroplasty or gastrojejunostomy was performed. The Murphy button was used for many of the anastomoses. Ether and chloroform were the anesthetic agents in general use.

For years we were not able to treat shock and replace blood adequately. Intravenous administration of fluids was somewhat restricted, and the surgeon depended largely on proctoclysis and hypodermoclysis for fluid replacement. Blood transfusion was attempted occasionally for the patient in profound shock or with marked anemia, but the procedure was an ordeal and the results were questionable. Transfusions were performed either by the suturing of vessel to vessel, by tubes introduced into the blood stream, by the syringe method, or by the use of paraffin coated tubes or receptacle. It was in 1915 that Weil and Lewisohn advocated the use of citrate as an anticoagulant, and it was in the early 1920's before a blood transfusion became a satisfactory and relatively simple procedure.

It is interesting to recall that bismuth was first used in roentgen-ray studies of the gastrointestinal tract forty-nine years ago, and it has been only thirty years since means for the radiologic visualization of the gallbladder were given to the profession. The urinary tract was first rendered visible by retrograde pyelography in 1910, and intravenous pyelography was introduced in 1929. Bone grafts were first brought into practical use in 1911, and in 1929, the first alloy was perfected into Vitallium. Pneumoencephalography and ventriculography were introduced in 1918. A pneumonectomy was first performed successfully twenty-two years ago, and it has been only twenty years since the first pneumonectomy for cancer of the lung was done. It was fifteen years ago that a patent ductus arteriosus was first ligated, and it has been only nine years since an excision of the aorta for aneurysm was successfully performed. Intracardiac surgery, which for many years was thought to be beyond the surgeons' scope, now is rapidly developing, opening an entirely new field of surgical therapy. Within the last few years, sulfonamides, penicillin, Aureomycin, streptomycin, and Chloromycetin have been given to the profession. Certainly the progress of medicine within the last forty years has been phenomenal.

Those things which have particularly contributed to the progress of surgery within this period are the developments and refinements in anesthesia, the progress made in the parenteral administration of fluids,

the perfection of the method of giving a blood transfusion by a safe and simple procedure, better preoperative preparation of the patient, more adequate postoperative treatment, and a better understanding of pathology and physiology with adequate treatment. The progress of chemistry and pharmacology in the development of the antibiotics has done much. The aids to diagnosis, prognosis, and treatment supplied by the clinical and pathologic laboratories and the valuable contribution made by the roentgenologist in the diagnosis of disease and the excellent result of radiation alone or combined with surgery in the treatment of certain diseases have contributed much to surgical progress.

A RICH HERITAGE

The fact which stands out most prominently in the study of surgery in Texas for these one hundred years is the stature of the men of medicine and surgery of this period. It seems logical to emphasize some of the characteristics of these distinguished men of science.

Their first love was medicine, and it was their life. They had a zest for knowledge, were earnest students and tireless workers. They were profound scientists; however, they were cognizant of the fact that medicine is not only a science but an art, and they recognized that there should go along with the surgical procedure sympathy, encouragement, understanding, confidence, faith, and hope. They appreciated that surgery is the Queen of the Arts. Certainly some of their accomplishments were due to their enviable versatility and their sheer persistence. One can only say there is cause for wonder, not that they did so little, but that they accomplished so much. These men were outstanding physicians and were indeed great Texans. They left to us a rich heritage, a profession respected, appreciated, and loved by the people of this nation.

May this brief study of their lives and their remarkable achievements stimulate within us an abiding faith in the future of medicine, develop within us a humbleness as we minister to the sick, and create within us a steadfast hope for the continued progress of medicine. May our love of medicine be so enhanced that it will give to us energy, courage, and determination to renewed efforts in furthering the objectives of the Texas Medical Association, which are the prevention and cure of disease and the prolonging and adding of comfort to life.

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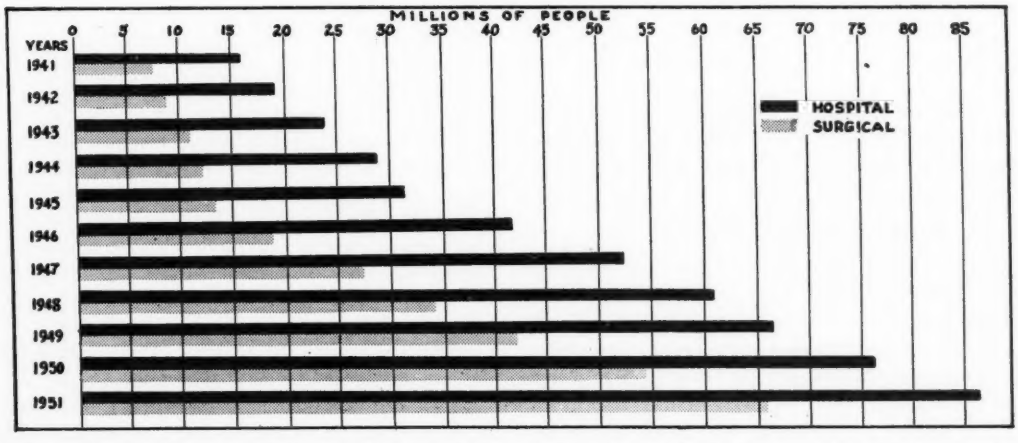

Graph depicting the growth in number of people covered by hospital and surgical insurance protection. (Adapted by special permission from graph appearing on page 17 of Accident and Health Coverage in the United States, June, 1952, annual publication of the Health Insurance Council.)

An Outline of the History of Obstetrics and Gynecology

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To be adequate, history must be based upon three fundamentals: (1) a record of events, (2) relevant biographic data covering the people involved in these events, and (3) a correlation of the first two fundamentals with the progress—forward or backward—of the human race. Obviously, no such presentation can be accomplished within the limitations of this paper; it must be regarded as a mere historical sketch on obstetrics and gynecology.

In the study of this subject one is immediately impressed with two general facts. With few exceptions, a relatively clear concept of the nature and mechanisms of labor had been established, and practically all of the basic operative procedures had been carried out with greater or less success, before the year 1800—in many instances, centuries before. In complete contrast, there was almost no concept of the true nature of gynecologic disease or of any effective therapy prior to 1800.

The reasons for this curious difference is clear. From the earliest days of human life, obstetric problems have arisen and compelled attempts at relief, hence the necessity and opportunity for learning a great deal about obstetrics. No such obvious urgency exists in regard to gynecologic conditions, and until comparatively recent years the means of relieving such symptoms as pain and hemorrhage entailed such high mortalities as to make them impracticable. Most of the lack of understanding of gynecologic physiology, psychology, and pathology was due to an inability to discuss, let alone examine, the genitalia of women except in the extremity of advanced disease. The age of chivalry had invested the physical person of woman with an impenetrable shroud which might be moved aside for procreation or recreation, but not for investigation. It was not until the disappearance of Victorianism after World War I permitted the questioning and examination of intelligent normal women that we had any accurate concept at all of what the normal woman was like—physiologically or psychologically.

The first gynecologic laparotomies in the nineteenth century were for disablingly large tumors of the ovary. Hysterectomy, one hundred years ago, carried a mortality of 100 per cent. In 1890 the general mortality of laparotomies had been reduced to 30 per cent. By 1910 it had been reduced to 7.5 per cent, and the era of indiscriminate pelvic surgery was established. In 1910 the whole teaching of gynecologic therapy could have been expressed thus: if you can find anything physically different from the pictures in the anatomy texts, cut it out or patch it up; if you can find nothing except complaints, perform a curettage; if the patient will not submit to curettage, prescribe douches and nauseating, useless medicines. Unfortunately, this concept of therapy still persists to an appalling degree, condemning the majority of gynecologic patients to unnecessary, ineffective, and often disabling operations and substituting hormones for drugs. In 1920 our first valid concept of other than the physical pathology of gynecology began to emerge. With this greater understanding the surgical concept of gynecology began to be put in its place until, at present, not more than 5 per cent of gynecologic patients require operation. It is nothing less than criminal that 90 per cent of the pelvic surgery of today is undertaken on the basis of the ignorantly conceived ideas of 1915.

In 1853 the mechanics of obstetrics were to a large degree thoroughly understood, but valid concepts of toxemia, of infection, and of hemorrhage were yet to be developed. Inhalation anesthesia was firmly established. Oophorectomy had been done, but other laparotomies, including cesarean section, were still too dangerous to be used. Vaginal plastic operations were practically unheard of. The era of real progress was about to begin—slowly for forty years, then in an ever-more-rapidly increasing torrent.

In the third decade of the twentieth century an increasing flood of new information from nonmedical sources—some of it true and useful but much of it inapplicable, irrelevant, and often downright silly—burst into the stream of medicine and created a vast turbulence. This represented a phase of the battle for the lay domination of medicine which is not yet entirely over.

OUTLINE OF ADVANCES

A bare chronologic outline of the more important and interesting obstetric and gynecologic advances of the century which began in 1853 follows:

1850: Brown of London held that puerperal infection occurred only in the unmarried.

1853: Queen Victoria was delivered of Prince Leopold under chloroform.

Read before the Section on Obstetrics and Gynecology, Texas Medical Association, Annual Session, Houston, April 28, 1953.

**Professor of Obstetrics and Gynecology, University of Texas Medical Branch.*

The first recovery from hysterectomy for fibroid tumor was reported.

Michaelis demonstrated the inaccuracy of external pelvimetry.

1854: The first external version (cephalic from transverse) was reported.

Scanzoni was graduated and shortly after revived the use of forceps rotation in occiput-posterior presentations previously devised by Smellie.

Credé devised the expression of the placenta.

1856: Pasteur revived the discovery of bacteria (Schwann 1837).

1857: Hospital and teaching appointments were first made on the basis of the number of publications.

Bernitz and Gömpel identified salpingitis-peritonitis.

1859: Brown of London published the first purely operative gynecology.

1860: Ovariomania displaced hysteromania as the cause of female mental illness.

In northwestern Virginia, deliveries were conducted on the husband's lap.

Braxton-Hicks revived the Soranus-Paré podalic version. Braxton-Hicks discovered rhythmic contractions of the uterus.

Lister observed the progress of inflammation in the web of the frog's foot.

1863: J. Y. Simpson condemned the new (1843) operation of hysterectomy for fibroids as absolutely unjustifiable.

Noeggerath presented an astonishingly accurate clinicopathologic concept of salpingitis in all of its characteristics.

Mayerhofer identified "vibriones" in the lochia of puerperal infection.

Pflüger was first to correlate the currently known facts: An enlarging follicle presses on the sensory nerves and the impulse goes to the cord; the reflex from the cord causes congestion and menstruation.

J. Y. Simpson was first to recognize the clinical stages of cancer of the cervix.

1864: Hegar described his sign of pregnancy.

1866: Sims' "Clinical Notes on Uterine Surgery" was really the starting point of the present concept of operative gynecology. Sims identified the fertile period in the menstrual cycle and suggested artificial insemination.

Total recorded hysterectomies in world literature at this time were 42 cases with 33 deaths.

1867: Tarnier devised axis-traction forceps.

1868: Noeggerath and Jacobi founded the *American Journal of Obstetrics.*

1869: George Johnston of the Rotunda Hospital held that puerperal infection resulted from seduction, remorse, and fretting.

Pasteur, with Joubert and Roux, described and showed a definite causal relationship of hemolytic Streptococci to puerperal infection identified through blood culture.

Up to this date 123 varieties of pessary had been devised.

1870: Bandl described what was later known as Bandl's ring.

1871: The Lay Board of Women's Hospital of New York limited the number of spectators at gynecologic operations to fifteen.

Lawson Tait reported 9 personal oophorectomies with 1 death; Braxton-Hicks at Guys' Hospital, 44 with 21 deaths; Spencer Wells, 200 with 54 deaths; and all other London hospitals, 39 with 30 deaths.

Lawson Tait performed the first oophorectomy for inflammatory disease and the first bilateral oophorectomy for intractable metrorrhagia.

Battey performed the first bilateral oophorectomy for epilepsy and the first bilateral oophorectomy for dysmenorrhea.

1874: Ore reported the first successful intravenous anesthesia.

1875: Helwig described accurately the penetration of ova by spermatozoa.

Bandl described active and passive segments of the uterus and the mechanism of spontaneous rupture of the uterus.

His gave the first accurate description of human embryology.

1876: The American Gynecological Society was founded, the first such organization in the world.

Parry reported mortality from ectopic pregnancy as 336 in 500. Operative treatment was still considered contraindicated since attempts in the eighteenth century were all fatal. Most of the treatment was directed to killing the fetus with drugs, electricity, and the like.

1877: Tait did the first salpingectomy for salpingitis.

1878: Freund performed the first successful abdominal hysterectomy for cancer. Czerny reported the first successful vaginal hysterectomy for cancer.

1879: Neisser discovered gonococci in a smear.

Tait effected the first abdominal drainage of pelvic abscess; first suggested exploratory laparotomy; and abandoned clamps for sutures in hysterectomy.

1880: Lundgren of Toledo, Ohio, carried out the first tubal sterilization.

1881: Tarnier recorded the first use of carbolic acid (introduced by Lister) in obstetrics.

1882: Macan instituted scrubbing-up in the Dublin Rotunda. By 1884 this had reduced maternal mortality to 5.5 per cent.

1883: Tait reported the first successful laparotomy deliberately done for ectopic pregnancy.

W. S. Stewart did the first oophorectomy for nymphomania.

1884: Halsted first used nerve block anesthesia.

Credé demonstrated the futility of trying to accomplish asepsis in vaginal examination and identified gonorrheal ophthalmia and treated it with silver nitrate.

1885: Four hundred hysterectomies were reported between 1881 and 1885. Mortality was 50 per cent.

Corning administered the first spinal anesthesia.

1886: Reclus first reported use of infiltration anesthesia.

1887: Tait reported 63 salpingectomies with 10 deaths.

1888: Donald devised the so-called Manchester-Fothergill operation.

1889: Ducrey identified Hemophilus ducreyi as the cause of chancroid.

1890: W. S. Halsted had the first rubber gloves made.

1895: Wertheim obtained the first successful culture of gonococci from vaginal discharge.

Roentgen discovered x-ray.

1896: Knauer suggested a possible relation between ovarian secretions and the menstrual cycle.

Mackenrodt devised the first artificial vagina.

1898: Davis and Varnier applied roentgen ray to obstetrics.

Marie Curie, working on her master's degree, predicted radium, which was substantiated later that year by Pierre Curie.

1900: Radford of Manchester reported 10 cesarean sections without mortality.
Landsteiner demonstrated blood groups.
1902: The Curies produced the first pure salts of radium.
Krönig and Gauss first used analgesia in labor—the original "twilight sleep."
1903: Albes and Schornberg discovered the sterilizing effect of roentgen ray on gonads.
1905: Schaudin identified Spirochaeta pallida as the cause of syphilis.
1906: H. Dale identified the oxytocic action of posterior pituitary secretion.
Montgomery identified sex-chromosomes but died before publication of his work; the chromosomes were rediscovered and named (x and y) by McClung.
1913: Gwathmey first cited the use of rectal ether obstetric analgesia.
1916: Sampson advanced the implantation theory of endometriosis.
1920: Rubin devised a tubal patency test.
1926: Crew and Wiesner developed the first modern concept of correlation of pituitrogenital hormonology.
1928: Papanicolaou effected a cytologic smear diagnosis of cancer.
Ascheim-Zondek devised the first biologic test for pregnancy.
1929: Fleming discovered the first antibiotic, penicillin, which was not utilized to any extent until 1938.
1935: Domagh reported the first bacteriostatic chemotherapy with Prontosil.
1939: Landsteiner identified the Rh factor.
1940: Palmer and Macquat demonstrated the basis for basal body temperature shifts during the menstrual cycle.

It will be noted that the foregoing chronology makes little mention of the great clinicians of the last forty years. The reason for this is that their numbers have increased to such an extent that the mere listing of the names of those whose work has contributed greatly to the advancement of obstetrics and gynecology would take up all the available space. The total contribution of the past forty years is probably greater than in the whole of antecedent history; but the changes have been in the nature of improvements rather than of epoch-making discoveries. There probably have been some great innovations, but it is impossible to evaluate current events in the cold light of history.

PROGRESS IN TEXAS

Little, unfortunately, can be said of the history of obstetrics and gynecology in Texas. There were many men who attained the highest degree of skill in meeting the emergencies of the difficult delivery—skill which exceeded in many cases the best efforts of today. There were also a great many men who were expert in the pelvic surgery of the period. Nevertheless, I can find almost no really significant contributions in the available published material. To enumerate the names of the men who did splendid work in Texas during the last one hundred years would, again, consume all of the available space.

The name of John F. Y. Paine, professor of obstetrics and gynecology at the University of Texas Medical Branch in Galveston from 1891 to 1910, stands out for two great achievements in medical education. He insisted upon the combination of obstetrics and gynecology as a single specialty in practice and in teaching. He also forced the recognition of obstetrics and gynecology as equally important with medicine and surgery in the teaching of general practitioners and obtained a relatively equal amount of time in the curriculum of the Medical Branch. Dr. Paine was also, so far as I can discover, the first man in Texas to limit his practice to this specialty.

The first Texan to receive national public recognition in obstetrics was Calvin R. Hannah of Dallas, professor of obstetrics at Baylor University College of Medicine, then in Dallas.

PRESENT STATUS

As one considers even such a superficial record of events as is outlined previously, it is apparent that the obstetrics and gynecology of the nineteenth and twentieth centuries have contributed more to the welfare of women than all of the preceding centuries—in obstetrics qualitatively, in gynecology both quantitatively and qualitatively. This progress has been in an amazingly steady flow, there having been little of the spasmodic progress, the long periods of stagnation, and the reversions which are so characteristic of history in general and of medicine prior to this era. There has been, of course, some authoritarian resistance, but these halts have become less and less frequent, prolonged, and violent. Interestingly enough, the same individuals have often simultaneously contributed greatly to, and blocked, much progress. Witness, among others, the great contributions of Lawson Tait while he was bitterly opposing antiseptic techniques with the great power of his prestige; and the great Viennese gynecologists in their persecution of Semmelweiss, and the frustration for years of his great and practical discoveries in regard to the transmission of puerperal infection.

Such things could scarcely happen today except in minor and relatively harmless degree among the members of the medical profession itself. At least we no longer write books and articles and even jingles and popular songs about the criminal stupidities of our colleagues—a practice which was prevalent in the seventeenth and eighteenth centuries. We have progressed to a point where in some instances it sometimes seems that there are no more worlds to conquer. Maternal mortality has been reduced, in some series, to less than 1 per 10,000 live births; postlaparotomy

mortality, in some series, to less than 1 per 1,000. And what is best is that these reductions do not depend upon individual genius, but upon measures that are available to all if we would but use them. However, lest we should become too smug, it is well to remember that there are vast fields of ignorance yet to be effectively explored. Our ignorance is even now far greater than our knowledge.

Eye, Ear, Nose, and Throat as a Specialty in Texas in the Past Century

E. H. CARY, M.D., Dallas, Texas

MUCH of the information used in medical practice involving particularly the eye, ear, nose, and throat either came to light just before the Texas Medical Association was established or was developed during this last century. Certain instruments or mechanical devices have been primarily responsible for the evolution of knowledge bearing upon these fields of endeavor.

GROWTH OF SPECIALTY

The eye, so prominently located, became the part of the human anatomy first to attract physiologists or physicians as an interesting objective for human study and, therefore, was given more consideration than the ear, nose, and throat. In the earliest time a change in the crystalline lens was known to obscure vision. That the crystalline lens could be pushed back into the posterior part of the eye or made to lean so that a person could see again was an early discovery. And, although loss of vision occurred in 2 out of 5 procedures, this remained the operation of choice for many years, even after Jacques Daviel, the Parisian, in the middle of the eighteenth century made a better approach by linear incision of the cornea with the idea of removing the lens. He reported 464 cases with only 50 failures. None of these operations was easily accomplished, however, for there was not a local anesthetic to eliminate the pain which the patient had to endure. Helmholtz in 1851 devised the ophthalmoscope and thus made it possible to examine the interior of the eye, which up to that time had been a hidden secret. This factor increased the importance of the eye as a field of study and brought about a recognition of the changes observed there in connection with diseased conditions of other organs of the body.

Knowledge of the ear came much later than knowledge of the eye, and it was only after local anesthesia could be administered that the nose and sinuses became a field of study. Strange to say, all of these parts of the body were not understood until such instruments as the head mirror, the laryngoscope, and the ear and nasal speculums came into use. Later, other instruments such as the bronchoscope led to the evolution of knowledge so elaborately extended by Chevalier Jackson. The inventive genius in developing instruments seemed long delayed but highly important in spreading knowledge in these special fields.

When one thinks of the many remarkable inventions of Leonardo da Vinci in the fifteenth century, which if not perfected were highly suggestive, one has evidence of the length of time required for the evolution of an idea. We now have fabricated any number of instruments or machines conceived by him which we find useful in peace or war. Many years elapsed before other men were able to develop recorded evidences of his inventive genius to a point of perfection. So, in the field of medicine, man has been able to extricate himself from dismal speculation to reach a rational concept of changes in the human body, making the special parts and the whole more understandable, during the period since the Texas Medical Association was founded.

I was in service at the New York Eye and Ear Infirmary in 1899 and 1900. While there, I learned that the institution was begun in 1820 by Drs. Rogers and Delafield, who had studied the eye at Moorsfield in London. By 1820, then, the eye and what was known about otology obviously had become sufficiently important to warrant the existence of that particular infirmary. Not a great while afterward, other special hospitals were established.

I recall, too, personally meeting in 1899 at this same institution Koch, who discovered cocaine in 1884. With this discovery, operations upon the eye were made painless, and procedures of all kinds were more rapidly developed. Nose and throat departments were created following the use of local anesthesia such as cocaine. Although there was knowledge of facial anatomy, little progress had been made in the physiology and pathology of the face, and little was done for the

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various sinus infections. Catarrah, with its abundant secretions and disagreeable presence, was apparently recognized as a menace, but not intelligently treated. Also in these various centers operations for tonsils and adenoids were done, but other throat conditions were not well understood. Mastoid surgery was well developed, and a vast number of infections of the ear were treated. When one thinks of the Wilde incision and the slowly conceived exenteration of mastoid cells, it is difficult to understand the lapse of time in the evolution of sound surgical technique. Allergy as a cause of human distress was finally recognized, and chemotherapy and antibiotics have almost eliminated mastoid infections and surgery, and many other infections of the throat and respiratory tract.

The history of the 1883 meeting of the Texas Medical Association records a paper by Dr. T. H. Nott, in which he rather graphically gave the attitude of the general practitioners toward the specialists practicing in Texas at that time. He stated:

> In the first place, I am an isolated member of this honorable body, there being no other member in less than seventy-five or one hundred miles of me, and no medical organization nearer than that, while I am without railroad or telegraphic communication with the rest of the State or world. . . .
>
> In the good old times gone by a specialist was a physician and something more. . . . [Today he is,] as our late retiring President of the American Medical Association happily expresses it, something less than a physician. A sort of one-horse doctor. . . . He sits back on his dignity and grows rich and famous, while we struggle for a living and a small reputation and drum for him. . . . Now, gentlemen, I would ask, can practice, pathology, or therapeutics be advanced by such men? What are their fine spun theories worth? Is it not lowering the standard of medical education? Are such men entitled to an M. D. after their names? . . . Is it possible to divide up so complex a machinery as the human system and understand one part *ab initio?* . . . Let us put in a plea to keep our people out of the hands of the born specialist, by inserting a clause in the article regulating the practice of medicine, which shall forbid any person to practice a specialty in this State who has not done a general practice for at least ten years.[1]

I think his observations were sound, for I recall an incident which occurred while I was teaching in the Polyclinic Post Graduate Medical School in New York. At the first display of my clinical knowledge, I showed a class how to see the optic nerve. One of the young men who had evidently been there the longest (not over a period of six months) said: "I am grateful to you for I am now an ophthalmologist and I am going to leave tomorrow for Indiana." By paying attention to some little detail in making an examination of the eye, I created an ophthalmologist in one hour devoted to clinic.

Men came for varied periods to learn what was known and to become specialists. The observations of Dr. Nott were very much to the point, because I, too, had observed the readiness with which some men adopted a special field of practice. Those men, with a technical skill such as the operation for cataract, sold themselves a sense of superiority for which a good observer like Dr. Nott had little respect.

However, the fact that a doctor had been practicing medicine for ten years was not necessarily calculated to make a specialist of him inasmuch as there was really little educational opportunity in most of the medical schools of that day for even any basic training. The approximately 166 medical schools in existence up to 1910 often required for graduation only a two year course of three to six months each year. Hence, much improvement was necessary to raise the standards of the basic training given to graduates of the medical schools existing at that time. But as this century advanced and unworthy medical schools were destroyed, the seventy-odd medical schools that remained more rapidly brought better trained men into the field of medicine. Too, with the intern service offered in hospitals and by general practice, there was a better basis for many more physicians to limit their practice to one field of medicine.

PROGRESS IN TEXAS

I am at a loss to do more than mention the names of some of those who have practiced during the century in Texas. I can recall several of the men who have lived in Texas and who were respected as competent in this special field of practice. In the early days we had in the *Transactions* of our Association many papers written by a few men, among them Drs. E. P. Davis, Joseph A. Mullen, and W. Wallace Ralston of Houston; John and Henry Haden of Galveston and Houston; W. Burbank Woodson of Temple; R. H. Chilton, J. O. McReynolds, and S. L. Terrell of Dallas; R. E. Moss and John H. Burleson of San Antonio; Frank D. Boyd and W. R. Thompson of Fort Worth; H. L. Hilgartner and W. A. Harper of Austin; and Stephen A. Schuster of El Paso. Many of their papers can be read with pleasure. John Foster, C. C. Cody, and Everett Goar of Houston also have done their part, though more recently.

In looking through the early issues of the *Transactions* of the State Association, I was surprised at the number of good papers on glaucoma, which was well understood. Many operations followed the von Graefe contribution of 1857, and basically all glaucoma patients had a chance for salvage of vision which they did not have before. In my earliest experiences in Texas, which began in 1901, I found countless persons who had become blind with glaucoma and who had been told that they had a cataract which could be removed when they became blind. This was impressive, and I always made sure that one of my students

would be able to differentiate iritis from glaucoma and from a cataract uncomplicated with glaucoma. I felt that if I sent out a general practitioner who knew how to distinguish between the foregoing conditions, I would have accomplished something which was greatly needed by both the general practitioner and the people. We have witnessed many new operative techniques, both for glaucoma and cataract, and the cataract operation of today is apparently a technique which any surgeon with a steady hand and good perception can develop.

The early history of the Section on Eye, Ear, Nose, and Throat in the Association showed a period of slow growth at first. Bard Hulen, who lived in Galveston, claimed in one of his papers that many men promised to prepare papers and to appear on programs, that in some instances ten or twelve would promise to give papers and only three or four would appear—either disregarding their promise or feeling that there would not be an audience. As a matter of fact, he mentioned the lack of interest on the part of the general practitioner because the papers presented frequently were too technical and not helpful to the general practitioner.

As time passed in the early part of the twentieth century, more men came to Texas to practice. These men had the advantage of some hospital training, and this brought a growing interest in the segregation of men interested in the eye, ear, nose, and throat. Fewer of these specialists were interested in the general practitioner as an audience. Instead, they became interested in their own knowledge and in the interchange with fellow practitioners in the same field, so that the section grew and became known by its present simpler title instead of as the Section on Ophthalmology, Otology, Rhinology, and Laryngology, as it was formerly designated.

In 1910, Dr. John H. Burleson of San Antonio first suggested creation of a special society which would be more seriously interested in the work which was being done in this field of medicine. In 1925, Drs. Burleson, W. Wallace Ralston of Houston, and I in Dallas, along with a few others, initiated the Texas Ophthalmological and Oto-Laryngological Society. This society has grown in these twenty-five years. The requirement for membership now is a certificate from one of the specialty boards, and membership is limited to 150. The society is unique in that it was created for both scientific and social developments. Papers were to be read in the morning, and golf or some other arrangement for amusement was to be held in the afternoon, with an elegant dinner taking place at night. The meeting was to be held on the first Friday and Saturday in December. It also was arranged to have an invited guest read a paper on the eye and another guest to read a paper on one of the other subjects, ear, nose, or throat.

This plan has been very popular. The attempt to enlarge the number of members has been defeated with the idea that time will eliminate some of the less qualified men, and the younger, well trained men will find a place in the group.

The American Board of Ophthalmology was created in 1921, while the American Board of Otolaryngology was established in 1925. These boards have encouraged better training in the specialties.

In my own experience as a youthful patient, the early practice of ophthalmology was based more upon personal charm than actual knowledge of help to the patient. No one ever succeeded in making the blind to see without gaining a reputation, and a man could be woefully ignorant of conditions which confronted him and yet be able to make the blind see. As a matter of fact, a poor operation upon a blind patient which made him see 20/100 or 20/200 was easily accepted by the blind as a miracle. There is a vast difference between 20/15 and 20/100, but in the early days those who had been blind for any length of time and who were made to see 20/100 were duly grateful.

Better trained men, as they have come into the field of practice, have been able to render actual service, rather than just to demonstrate a pleasing personality. Practice in our field is certainly bound to be far more satisfactory than it used to be when the practitioner could not help but know that he was exerting charm to cover up lack of knowledge.

Any number of Texas ophthalmologists and otorhinolaryngologists now living have made outstanding contributions to our state, regional, and national programs. Many have been honored by being president of their county and state societies, and some have had honors bestowed upon them in regional and national societies. We have as keen operators among us as one will find throughout the nation. Our clinical facilities have not been as well developed as might have been, but the ability of our younger men to travel and to study in the best clinics in the country is well understood, and as a rule they have been advised early to adopt such measures for improving their knowledge.

Although there seems to be no particular contribution in this field in Texas worth relating, the evolution of medical education and special hospitals and the ever-increasing requirements of the certified specialist have given to our state an ever better level of trained ophthalmologist and otorhinolaryngologist.

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A Century of Progress in Medicine in Texas: Radiology

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FROM the standpoint of scientific and medical importance, there probably has not been an event of greater beneficence to humanity than the discovery of x-rays by Wilhelm Conrad Roentgen on November 8, 1895, in the University of Wurzburg, Bavaria, Germany. This discovery marks the advent of the age of electricity, radioactive substances, atomic energy, radio, television, and nuclear physics in which we live, and the wonders of which we experience in everyday life. Moreover, it has brought about revolutionary changes in the diagnosis and treatment of disease and has changed almost overnight, as it were, the investigations and teachings in physics which have brought to light so many revelations and discoveries in nature.

It will be recalled as pointed out by the late Dr. A. W. Crane,[3] that the discovery of the roentgen ray was an associated result of the observations and experiments of many predecessors who left a trail of investigations leading back to sources in electricity, magnetism, and the vacuum. The first electrical experiments were made with amber; the first observations on magnetism were with lodestone; the first permanent vacuum was formed in a barometer. It was these three basic factors which formed the triad of essential predecessors upon which the production and discovery of roentgen ray was dependent. The experimenters were many—the years and even centuries passed. Roger Bacon was thrown into prison, his work suppressed and then resurrected in 1859 after an interment of more than 500 years. Dr. William Gilbert, physician to Queen Elizabeth, conceived the idea that the earth and other heavenly bodies were high magnets held in their orbits by the same attraction as that of the lodestone. Galileo, famous in astronomy and physics, influenced Otto von Guericke of Germany, maker of the Magdeburg hemispheres[4] which demonstrated the power and character of atmospheric pressure and of the vacuum.

Just as today we cannot give credit for the release of nuclear energy (splitting the atom) to any one man, so it was in Roentgen's day. His discovery was made possible by the work of many of his predecessors and of his contemporaries, such as Toricelli, Hauksbee, Boyle, Newton, Gray, Nollet, Franklin, Leyden, Watson, Galvani, Volta, Ampere, Ohm, Faraday, Geissler, Hertz, Hittorf, Crookes, Jackson, and Lenard. Some of these had been passing electric currents through vacuum tubes for at least a century, studying the various colored lights and the rays which were evident; thus it is now known that x-rays were being produced long before they were recognized.

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HISTORIC EXPERIMENT

It had been Roentgen's purpose to duplicate the experiments, especially those of Lenard and others. Whether by original intent, or having been encouraged by some of his own observations, he went a step further than anyone else in that he covered his tube and darkened the room in which he was working. The story from this point is familiar. Roentgen saw

> . . . a faint flickering greenish illumination upon a bit of cardboard, painted over with a fluorescent chemical preparation. . . .
>
> From seeing the illumination by the invisible rays of fluorescent screen, and the line of shadow across it, the work of tracing back that shadow to the object which caused it, and of verifying the source of the rays to be the Crookes' tube, was to the seasoned investigator but the work of a few minutes. The invisible rays—for they were invisible save when they fell upon the chemically painted screen—were found to have a penetrative power hitherto unimagined. . . . Strangest of all, while flesh was very transparent, bones were fairly opaque. And so the discoverer, interposing his hand between the source of the rays and his bit of luminescent cardboard, saw the bones of his living hand projected in silhouette upon the screen. The great discovery was made.[5]

It is significant to note that this discovery met with almost instant and universal acceptance among the researchers and scientists of that day, because many of them were using similar apparatus to that which Roentgen used. Roentgen's tube was one which he had ordered by letter from Mr. Mueller-Unkel, a skilled glassblower of Braunschweig, with these specifications, "a cathode-ray tube, after Lenard,"[4] and from Lenard himself he acquired the aluminum foils necessary for the experiment. The tube cost him the equivalent of $8.70. It was energized with a Rhumkorff induction coil and a Deprez interrupter. The apparatus was capable of producing a 4 to 6 inch spark gap, or from 40 to 70 kilovolts at less than 1 milliampere of current.

The discovery of roentgen rays had to await the development of high tension electrical apparatus and the vacuum tube, but even so it preceded by one year the discovery of the radioactive properties of uranium by the brilliant Henri Bequerel of France in 1896. In fact, it was the invisible nature of the newly discov-

ered roentgen rays that suggested to Bequerel the possibility of the existence of invisible radiation from the phosphorescent matter. Thus, Roentgen's discovery played its part in clearing the way not only for the discovery by Bequerel, but the discoveries of radium by Marie and Pierre Curie, Rutherford, and Soddy which followed. Two years later in 1897, Sir J. J. Thomson discovered the electron, and once again the vacuum tube and Roentgen's mysterious rays played their part in exposing the secrets held by the atom.

X-RAY EQUIPMENT

Many advancements have been made in the design and operation of x-ray equipment, both in the lower and higher ranges of voltages. In this connection it is of interest to note the various types of generators being developed, such as the Van de Graaff generator, the linear accelerator, the betatron, the synchrotron, and cyclotron. A brief mention of the Geiger counter, the Wilson cloud chamber, the mass spectroscope, and the ionization chamber does not do justice to the marvels of these and other delicate and accurate measuring and detection devices.

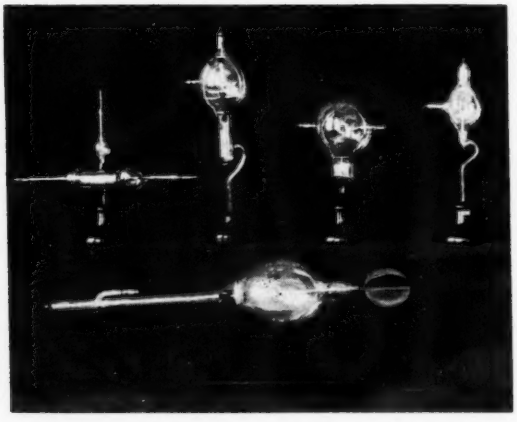

FIG. 1. Five early vacuum type x-ray tubes. (Glasser, O.: Fifty Years of Roentgen Rays, Radiog. & Clin. Photog., vol. 21, 1945. Courtesy Eastman Kodak Company, Rochester, N. Y.)

The development of the science depended upon the development of its physical equipment. Although little has been discovered to change the principle, much has been done to improve the efficiency of the equipment. In the early days the machines were of low voltage, the tubes of low vacuum, and consequently the power was limited. The uses were few, being no more than the finding of fractures, dislocations, foreign bodies, and the like.

In 1913 Dr. William D. Coolidge fashioned the hot cathode tube which bears his name. Clyde Snook had developed the interrupterless transformer. With these two the operator, for the first time, had a stable, dependable tube and current with which to achieve longer exposure on a smaller focal spot with which results could be duplicated. Great strides have been made in x-ray transformers; their efficiency is up and their size is down. High voltage rectification, achieved at first by the cumbersome and noisy mechanical devices, is handled now by the silent long-lived kenetron tubes, some no larger than a small water glass. Potter-Bucky diaphragms made their appearance, and with them together with the proper cones, the fog of secondary radiation was literally lifted from the scene, and the way was paved for the modern high-speed reciprocating, fine grid diaphragms. Screens, both radiographic and fluoroscopic, are continually being improved. The films, chemicals, and processing facilities available today are a far cry from those of a few short years ago when glass photographic plates were used. These were displaced about 1918 with cellulose films, first with nitrate and later with acetate base, which latter is explosion proof and burns only as paper. Also about this time, tray developing was superseded by tank developing.

DIAGNOSTIC USES

The diagnostic uses of roentgen rays are so numerous today that whole books have been written on the subject, and the field is now so wide that many students have elected to confine their practice to this phase of medicine. In fact, the American Board of Radiology recognizes "diagnostic roentgenology" as a specialty and issues certification to physicians who can qualify.

In his very early communications Roentgen had explained many of the physical properties of the rays; to wit, that they are imperceptible to the five senses, that they travel in straight lines, that they penetrate all substances in inverse proportion to their density, and that their intensity varies inversely as the square of the distance. Upon these properties depend their application in diagnosis. It was found that photographic film after it has been exposed to roentgen ray and developed in the usual solutions will become oxidized and will display images or silhouettes of the objects through which the rays pass. Therefore, the roentgenogram when completed is not a picture, but a record of the densities of the organs and parts penetrated, and upon the identification and evaluation of these lights and shadows, all diagnosis depends.

At first, it was thought that only the skeleton would lend itself to roentgen studies, then foreign metallic bodies, which was followed by the use of lead solutions and reduced iron in the cavities of cadavers. Later gall-

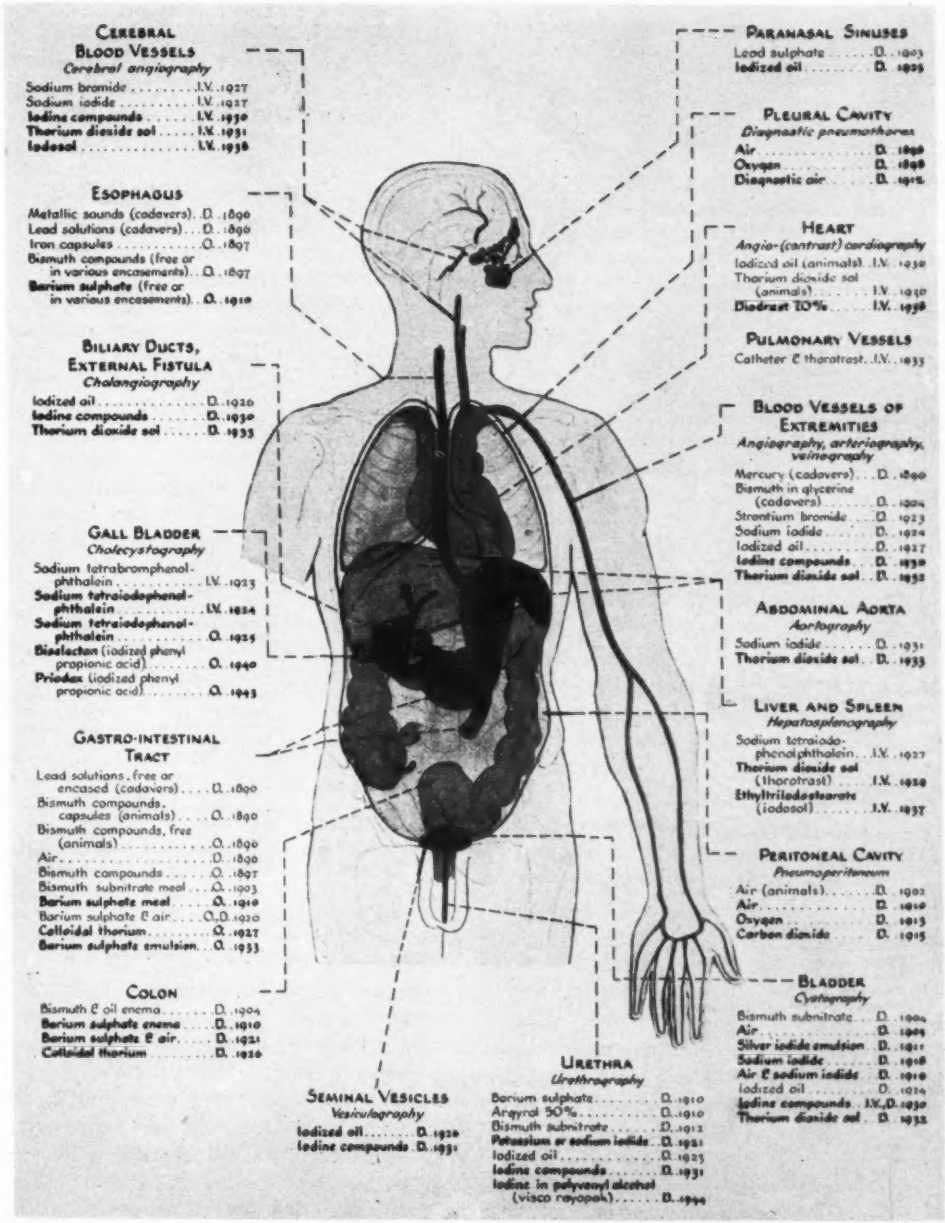
CEREBRAL BLOOD VESSELS
Cerebral angiography
Sodium bromide ..... I.V. 1927
Sodium iodide ..... I.V. 1927
Iodine compounds ..... I.V. 1930
Thorium dioxide sol ..... I.V. 1931
Iodosol ..... I.V. 1938
ESOPHAGUS
Metallic sounds (cadavers) ..... D. 1890
Lead solutions (cadavers) ..... D. 1890
Iron capsules ..... O. 1897
Bismuth compounds (free or in various encasements) ..... O. 1897
Barium sulphate (free or in various encasements) ..... O. 1910
BILIARY DUCTS, EXTERNAL FISTULA
Cholangiography
Iodized oil ..... D. 1920
Iodine compounds ..... D. 1930
Thorium dioxide sol ..... D. 1933
GALL BLADDER
Cholecystography
Sodium tetrabromphenolphthalein ..... I.V. 1923
Sodium tetraiodophenolphthalein ..... I.V. 1924
Sodium tetraiodophenolphthalein ..... O. 1925
Bioselectan (iodized phenyl propionic acid) ..... O. 1940
Priodax (iodized phenyl propionic acid) ..... O. 1943
GASTRO-INTESTINAL TRACT
Lead solutions, free or encased (cadavers) ..... O. 1890
Bismuth compounds, capsules (animals) ..... O. 1890
Bismuth compounds, free (animals) ..... O. 1890
Air ..... D. 1890
Bismuth compounds ..... O. 1897
Bismuth subnitrate meal ..... O. 1903
Barium sulphate meal ..... O. 1910
Barium sulphate & air ..... O.D. 1920
Colloidal thorium ..... O. 1927
Barium sulphate emulsion ..... O. 1933
COLON
Bismuth & oil enema ..... D. 1904
Barium sulphate enema ..... D. 1910
Barium sulphate & air ..... D. 1921
Colloidal thorium ..... D. 1926
SEMINAL VESICLES
Vesiculography
Iodized oil ..... D. 1920
Iodine compounds ..... D. 1931
URETHRA
Urethrography
Barium sulphate ..... D. 1910
Argyrol 50% ..... D. 1910
Bismuth subnitrate ..... D. 1912
Potassium or sodium iodide ..... D. 1921
Iodized oil ..... D. 1925
Iodine compounds ..... D. 1931
Iodine in polyvenyl alcohol (visco rayopak) ..... D. 1944
PARANASAL SINUSES
Lead sulphate ..... D. 1903
Iodized oil ..... D. 1925
PLEURAL CAVITY
Diagnostic pneumothorax
Air ..... D. 1890
Oxygen ..... D. 1898
Diagnostic air ..... D. 1912
HEART
Angio-(contrast) cardiography
Iodized oil (animals) ..... I.V. 1930
Thorium dioxide sol (animals) ..... I.V. 1930
Diodrast 70% ..... I.V. 1938
PULMONARY VESSELS
Catheter & thoratrast ..... I.V. 1933
BLOOD VESSELS OF EXTREMITIES
Angiography, arteriography, veinography
Mercury (cadavers) ..... D. 1890
Bismuth in glycerine (cadavers) ..... D. 1904
Strontium bromide ..... D. 1923
Sodium iodide ..... D. 1924
Iodized oil ..... D. 1927
Iodine compounds ..... D. 1930
Thorium dioxide sol ..... D. 1932
ABDOMINAL AORTA
Aortography
Sodium iodide ..... D. 1931
Thorium dioxide sol ..... D. 1933
LIVER AND SPLEEN
Hepatosplenography
Sodium tetraiodophenolphthalein ..... I.V. 1927
Thorium dioxide sol (thorotrast) ..... I.V. 1928
Ethyltriiodostearate (iodosol) ..... I.V. 1937
PERITONEAL CAVITY
Pneumoperitoneum
Air (animals) ..... D. 1902
Air ..... D. 1910
Oxygen ..... D. 1913
Carbon dioxide ..... D. 1915
BLADDER
Cystography
Bismuth subnitrate ..... D. 1904
Air ..... D. 1904
Silver iodide emulsion ..... D. 1911
Sodium iodide ..... D. 1918
Air & sodium iodide ..... D. 1918
Iodized oil ..... O. 1924
Iodine compounds ..... I.V., D. 1930
Thorium dioxide sol ..... D. 1932

FIG. 2. Diagram showing the chronologic evolution of contrast materials used for x-ray diagnosis, a postero-anterior projection. The name of the procedure, the material, the year first used, and the method of introduction are given.

Symbols. *D*—direct injection by needle, catheter, or tube. *O*—oral route. *I. V.*—intravenous route. Obsolete contrast media are indicated by light-faced type; media still used by darker type. [Rigler, L. G.: Outline of Roentgen Diagnosis, Philadelphia, J. B. Lippincott Company, 1943. As adapted in Rigler, L. G.: Development of Roentgen Diagnosis, Radiology *45*:467-502 (Nov.) 1952.]

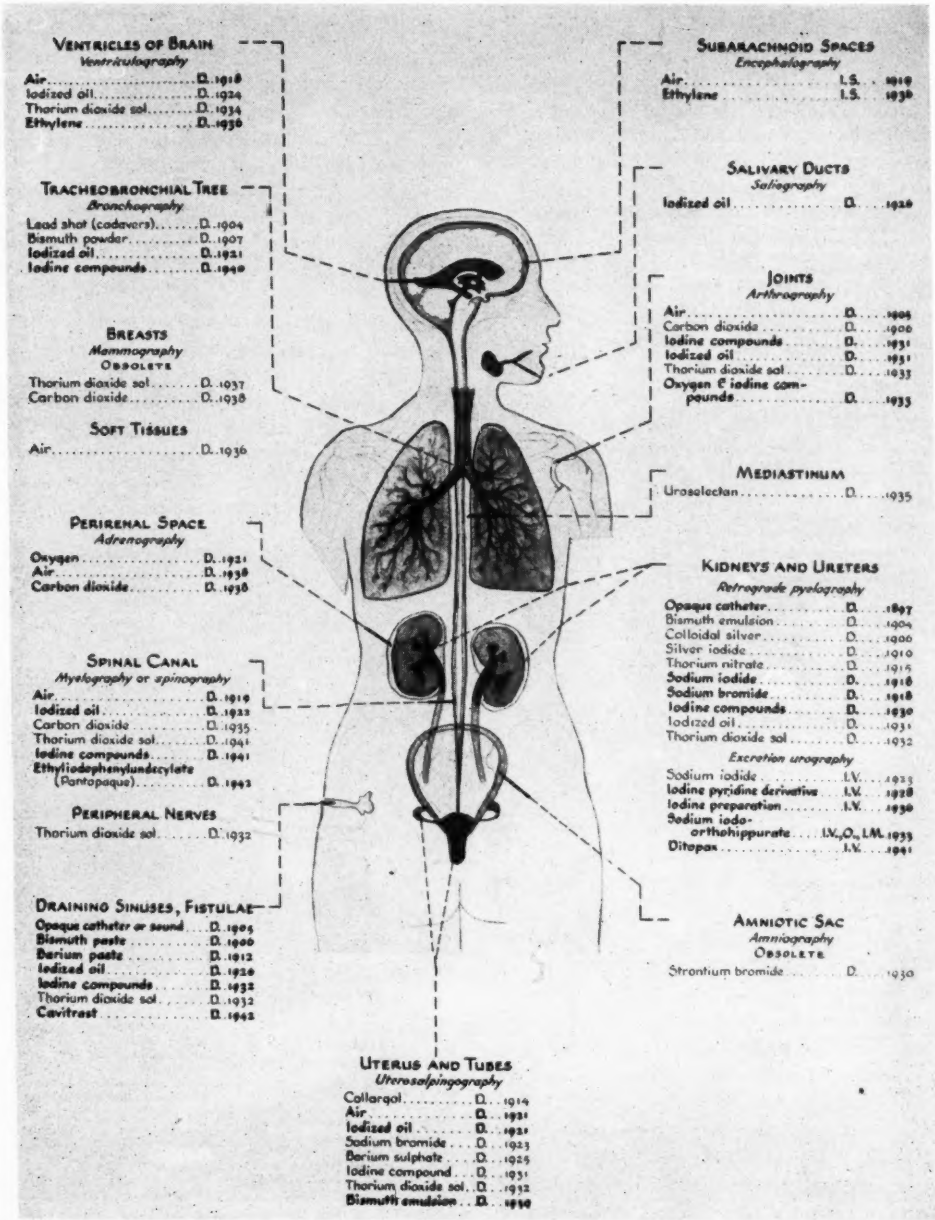
VENTRICLES OF BRAIN
Ventriculography
Air ... D. 1918
Iodized oil ... D. 1924
Thorium dioxide sol ... D. 1934
Ethylene ... D. 1936
TRACHEOBRONCHIAL TREE
Bronchography
Lead shot (cadavers) ... D. 1904
Bismuth powder ... D. 1907
Iodized oil ... D. 1921
Iodine compounds ... D. 1940
BREASTS
Mammography
OBSOLETE
Thorium dioxide sol ... D. 1937
Carbon dioxide ... D. 1938
SOFT TISSUES
Air ... D. 1936
PERIRENAL SPACE
Adrenography
Oxygen ... D. 1921
Air ... D. 1938
Carbon dioxide ... D. 1938
SPINAL CANAL
Myelography or spinography
Air ... D. 1919
Iodized oil ... D. 1922
Carbon dioxide ... D. 1935
Thorium dioxide sol ... D. 1941
Iodine compounds ... D. 1941
Ethyliodophenylundecylate (Pantopaque) ... D. 1943
PERIPHERAL NERVES
Thorium dioxide sol ... D. 1932
DRAINING SINUSES, FISTULAE
Opaque catheter or sound ... D. 1905
Bismuth paste ... D. 1900
Barium paste ... D. 1912
Iodized oil ... D. 1926
Iodine compounds ... D. 1932
Thorium dioxide sol ... D. 1932
Cavitrast ... D. 1942
SUBARACHNOID SPACES
Encephalography
Air ... I.S. ... 1919
Ethylene ... I.S. ... 1930
SALIVARY DUCTS
Sialography
Iodized oil ... D. ... 1926
JOINTS
Arthrography
Air ... D. ... 1905
Carbon dioxide ... D. ... 1906
Iodine compounds ... D. ... 1931
Iodized oil ... D. ... 1931
Thorium dioxide sol ... D. ... 1933
Oxygen & iodine compounds ... D. ... 1933
MEDIASTINUM
Uroselectan ... D. ... 1935
KIDNEYS AND URETERS
Retrograde pyelography
Opaque catheter ... D. ... 1897
Bismuth emulsion ... D. ... 1904
Colloidal silver ... D. ... 1906
Silver iodide ... D. ... 1910
Thorium nitrate ... D. ... 1915
Sodium iodide ... D. ... 1918
Sodium bromide ... D. ... 1918
Iodine compounds ... D. ... 1930
Iodized oil ... D. ... 1931
Thorium dioxide sol ... D. ... 1932
Excretion urography
Sodium iodide ... I.V. ... 1923
Iodine pyridine derivative ... I.V. ... 1928
Iodine preparation ... I.V. ... 1930
Sodium iodo-orthohippurate ... I.V., O., I.M. 1933
Diodrast ... I.V. ... 1941
AMNIOTIC SAC
Amniography
OBSOLETE
Strontium bromide ... D. ... 1930
UTERUS AND TUBES
Uterosalpingography
Collargol ... D. ... 1914
Air ... D. ... 1921
Iodized oil ... D. ... 1921
Sodium bromide ... D. ... 1923
Barium sulphate ... D. ... 1925
Iodine compound ... D. ... 1931
Thorium dioxide sol ... D. ... 1932
Bismuth emulsion ... D. ... 1939

FIG. 3. The body systems and organs not exhibited in figure 2 are shown in this anteroposterior projection. Additional symbol *I. S.* designates the intraspinal route. Obsolete procedures are shown as in figure 2. [Rigler, L. G.: Outline of Roentgen Diagnosis, Philadelphia, J. B. Lippincott Company, 1943. As adapted in Rigler, L. G.: Development of Roentgen Diagnosis, Radiology *45*:467-502 (Nov.) 1945.]

stones and kidney stones were visualized, and on and on in rapid succession. It soon became apparent that substances which were nontoxic and yet had sufficient density to make good contrast with surrounding tissues were needed to examine the hollow viscera in the living. So the story of the contrast media which came into use one by one may be said to constitute a large volume of the story of roentgen-ray diagnosis which was developed as better machines were made.

Much improved techniques have been made possible by the range and choice of opaque media used in such work as angiocardiography, urography, cholecystography, arterial encephalography, bronchography, uterosalpingography, myelography, and cerebral pneumography. In addition to the use of many products in the cavities and hollow viscera, the use of free gas in the abdomen, air, oxygen, and carbon dioxide have been used to displace the gastrointestinal and other abdominal viscera so that more direct visualization of the various tissues such as the liver, spleen, pancreas, kidneys, uterus, and ovaries is obtained. Intra-abdominal tumors and various pathologic conditions may be discovered and evaluated by making roentgen-ray examinations in the up-right, Trendelenburg, right and left lateral, prone, and supine positions after the production of pneumoperitoneum.

THERAPY

Dr. Percy Brown has said:

> As the accurate historian Glasser remarks, there was no reason to anticipate any physiologic effect from the roentgen rays. He also records the fact that Roentgen himself, for the purposes of his earliest investigations, was enclosed by a chamber of zinc locally fortified with lead, not with any thought of protecting his person from the influence of x-rays generated outside the chamber, but rather for the probable purpose of defining more clearly their beam through a variable aperture in a wall of the chamber and of preventing as well, the "fogging" of the photographic plates that were a part of his experimental paraphernalia.[2]

But the period of ignorance of the biologic effect upon tissues passed, and it is said that within ninety days after Roentgen's discovery there were suspicions that these effects must be reckoned with. As early as February, 1896, workers began to consult their colleagues concerning remedies for dermatitis. Thus began the quest of biologic data which, unfortunately, was too long delayed, more especially because the pronounced effects were the late effects, and time and repeated exposures were required to reveal the damage—all too late, in many cases, to avoid serious and painful injuries. Protection of both patients and attendants, especially radiologists and their technical assistants, has been the concern of the profession for many years, until fewer and fewer injuries are now observed because of properly designed apparatus and eternal vigilance of the personnel. Blood changes, perhaps, are the most prevalent of serious effects in radiologists and technicians.

It was early supposed, and properly so, that any modality which would produce such effects as already had been observed would also be useful in treating disease. Cancer, of course, was one of the first to be tried, and only a few short months passed until patients were being sent to physicists for the treatment of cancer and skin diseases. To Dr. Amiel Grubbe of Chicago, at that time a glass blower who later became a physician, goes the credit of the first treatment of disease in this country in 1896. As biologic data accumulated, more and more tests of roentgen rays were made, and thus, almost as soon as diagnosis, therapy was receiving attention. Here again, the problems were many, dosages must be duplicated and correlated, but measuring devices were lacking, tubes were fickle, and current was weak and variable. But, thanks to the untiring devotion of physicists, physiologists, and physicians, progress was unabated. Into use came such measuring devices as the roentgenometer and the ionization chamber, which provide data upon the roentgen unit output.

Perthes is credited with the first use of aluminum filters in 1904. In 1905, Pfahler used leather filters; more recently combinations of filters such as copper, silver, and aluminum of various thicknesses and various combinations have been used. Thoreus devised a combination of copper, tin, and aluminum which has been popular. Depth dosages have been calculated, data collected as to penetrability of rays at various voltages and combinations of portals of approach. The higher the voltage of the machines, the greater is the penetrability of the rays, so machines capable of delivering higher and higher voltages up to several millions volts now are in use in some of the larger therapy institutions. These, however, are impractical for the average installation for economic as well as scientific reasons.

Today the science of radiation therapy has developed from an infant to a strong, husky adult. Again workers in these special fields are specializing and becoming diplomates in "radiation therapy" of the American Board of Radiology.

Radioactive isotopes, nitrogen mustard, and others are now in their experimental stage. Tantalum and cobalt are being prominently mentioned as substitutes for radium, but here again the economic element enters and makes its limitations to large centers necessary. About 80 different skin diseases are amenable to radiologic treatment. Its efficacy is sufficiently satisfactory as to justify its use in about 400 diseases such as infections, inflammations, granulomas, dermatoses, and neoplasms—benign and malignant.

The radiologist is a clinician in the therapy program of any case in which roentgen ray is suggested. He is familiar with the potential radiosensitivity (within certain limits) of the disease in hand. He should have a reasonably accurate knowledge of the patient's general condition; should consider the patient's ability to withstand the trauma of the dosage which, in his judgment, will be needed; and should be able to forecast within limits the effects, both immediate and remote. He is, therefore, truly a clinician in the field of therapy.

TEXAS RADIOLOGISTS

Texas pioneer radiologists, confronted by many discouraging difficulties common to all, have taken their places in the specialty organizations and in the forefront of pioneer work. In the early years of the century such men as Drs. George Bond, J. M. Martin, Wilbur Hamilton, B. T. Vanzant, W. O. Sauermann, and J. W. Torbett emerged from general practice into this enticing field, and some gave up their general practice to specialize.

There is a story of repeated meetings of five radiologists in Dr. Vanzant's office in Houston without records. These meetings were attended by Drs. Wilbur Hamilton of San Antonio, George Bond of Fort Worth, J. M. Martin of Dallas, and Sidney Barrow of Shreveport, La. Dr. Vanzant is now the only survivor of the group, and his memory is not clear on the dates of these meetings. The first documentary evidence of organization is taken from the TEXAS STATE JOURNAL OF MEDICINE[6] for June, 1914. The account follows:

A number of physicians interested in X-ray and electrotherapeutic work held a meeting in Houston during the Annual Session of the State Medical Association, and organized the Texas Roentgen Ray Association. Dr. George D. Bond of Fort Worth, was elected president, Dr. W. O. Sauermann of Houston, vice-president, and Dr. J. W. Torbett of Marlin, secretary-treasurer.

The advisability of applying to the State Medical Association for a section on roentgen ray work was discussed, and a committee consisting of Drs. J. M. Martin, M. L. Chapman, and W. M. Wier, was appointed as an arrangement committee for the next meeting, and instructed to take the question of affiliation with the State Association, under consideration. A Publicity Committee, consisting of Drs. I. E. Colgin, W. S. Hamilton, and R. H. Millwee, was also appointed. The Constitution and By-Laws of the Association were adopted.

The following is a list of the charter members: Drs. J. M. Martin, Dallas; Geo. D. Bond, Fort Worth; W. O. Sauermann, Houston; M. L. Chapman, Temple; W. M. Wier, Houston; R. H. Millwee, Dallas; J. W. Torbett, Marlin; H. Earle, Marlin; G. W. Stone, Waxahachie; M. A. Walker, Paris; W. A. Wood, Hubbard; Peyton R. Denman, Houston; R. T. Wilson, Temple; B. T. Vanzant, Houston; I. E. Colgin, Waco; R. B. Nutter, Waco; W. S. Hamilton, San Antonio; Sidney M. Lister, Houston; Philo A. Howard, Houston; E. H. Lancaster, Houston; J. W. Cathcart, El Paso; L. Machechney, Wichita Falls. Associate members, M. C. Olson, Chicago; G. T. Townsend, Fort Worth.

Through the courtesy of Dr. Tom Bond, the following story by his mother, Mrs. George D. Bond, is told:

In the summer of 1903 Dr. George D. Bond and Dr. James M. Martin met while watering their horses at the public water trough on the square in Hillsboro. Dr. Martin said, "Bond, come over to my office in a few days; I want to show you my x-ray machine." Dr. Bond replied, "I am leaving tomorrow to take a course in x-ray in Chicago and have an x-ray machine en route by water from New York now."

Dr. Martin later moved to Dallas and Dr. Bond moved to Fort Worth. They were the first two physicians to specialize in x-ray in the Southwest. This was just eight years after x-ray was discovered by Roentgen. In the spring of 1914 Dr. Bond called a small group of physicians interested in x-ray together at Houston and organized the Texas Roentgen Ray Society.

Dr. Bond often stated that if he had not been so enthusiastic over the discovery of x-ray and so convinced of its future, he would have become discouraged early at the reception it received from the medical profession. He said that he had a great deal of trouble getting even on a district program, and then he was not shown the courtesy of a discussion, as the chairman immediately passed to the next paper.

Dr. Bond died December 5, 1924, but not before he had played a part in bringing Roentgen's discovery from a plaything to a recognized medical specialty with a section in the State Medical Society and in the A.M.A., with its own board of certification and its college that is one of the most active of the specialty groups.[1]

In 1923 the name of the Texas Roentgen Ray Society was changed to the Texas Radiological Society. In 1924 a Section on Radiology and Physiotherapy in the State Medical Association of Texas was formed by the House of Delegates. The first meeting of the Section on Radiology and Physiotherapy was held in Austin in 1925. This was only four years after the American Medical Association had taken similar action. In 1923 the American College of Radiology was formed with a restricted membership taken from the membership of all radiological groups. To meet the qualifications of the college, the physician must have been in active practice for at least ten years and must have performed some outstanding service or made some worthy contribution to the literature. Quite a few Texans were charter members of the college and many other names have been added since that time. The 1952 roster carries the names of 135 members of the Texas Radiological Society.

Among the first possessors of x-ray machines in Texas, so far as I can determine from a limited research, was our colleague and pioneer, Dr. B. T. Vanzant of Houston, who made one in 1896. Dr. Seth Morris, who was better known as professor of ophthalmology at the University of Texas Medical Branch in

Galveston, built one in 1897. Those who were students at the Medical Branch in the first and second decades of this century will recall that Dr. Morris made all the roentgenograms in Galveston for many years.

Through the courtesy of Dr. Jesse B. Johnson, we learn that the late Dr. Morris made what he believed to be the first roentgen-ray examination in Texas on the hand of the late Dr. Allen J. Smith, at the time dean of the University of Texas Medical Branch, and later dean of the University of Pennsylvania School of Medicine.

The late Dr. Robert H. Millwee of Dallas became interested in the high voltage roentgen therapy, so-called deep therapy, equipment of 200 kilovolts, the highest at that time. According to the story, he gave his order in 1920 for a machine which presumably was to be manufactured, but as there were no 200 kilovolt tubes available, he made a trip to Europe and brought back two tubes. However, when he arrived in Dallas, both were broken. Nevertheless, by the time the machine was ready for installation in August, 1921, American tubes were available. The installation was completed on the second floor of a home in the residential section of Dallas. Thus, to Dr. Millwee is ascribed the distinction as the first user of high voltage roentgen therapy equipment in Texas; it is believed to have been the first in the United States.

From this beginning, other such installations were made for Dr. A. S. Holley in Houston, who received the second, Dr. T. C. Terrell of Fort Worth the third, Dr. U. P. Hackney of Dallas the fourth, and Scott and White Clinic of Temple, the fifth—all in 1923. There are now many 200 kilovolt installations, and several 400 kilovolt installations in the state.

Probably the most prodigious worker and prolific writer on radiology in this state is Dr. Charles L. Martin, son of the late Dr. J. M. Martin, previously mentioned. The younger Martin has given to radiologic literature many papers and has been author of parts of two textbooks on radiology. His research has been in the study of the effects of roentgen ray on whole body exposure of animals, from which data he made detailed studies of effects on the different organs of the body, as well as the skin itself. In 1931, Dr. Martin published his first paper on the use of low intensity radium needles combined with roentgen ray in the treatment of metastatic cervical nodules. The combination treatment of these nodules with roentgen ray was original with Dr. Martin and was popularized in this country by him. It has stood the test of time.

In 1936, the late Dr. E. V. Powell began pioneer work in the roentgen ray treatment of the pneumonias. He and his successors at King's Daughters Clinic and Hospital, Temple, Dr. R. C. Curtis, continued this work. Records on this work were compiled by Dr. Curtis in 1942 at which time he reported a mortality of less than 5 per cent in 400 cases. This work became popular over the country until the antibiotics, sulfonamides, and the like made their appearance and largely superseded roentgen therapy. However, it is still a good remedy for pneumonia.

The standard educational qualifications for radiologists may be summarized as follows: graduation from a recognized medical college; internship of one to two years in general practice; minimum of three years of special fellowship in a school which has qualified for the specialty training; and the passing of an examination required by the specialty board. There are now three medical schools in Texas offering this training with portions of the curriculum required and affiliation with out-of-state finishing schools for the last year.

The M. D. Anderson Foundation and the State of Texas have combined their funds in the establishment of a center, the M. D. Anderson Hospital for Cancer Research of the University of Texas, in Houston for research into the causes and treatment of cancer and allied diseases. Currently operating in temporary quarters, the hospital soon will occupy a new building now nearing completion in the Texas Medical Center. It is understood that this institution when completed will be open to the indigent of the state who are sufferers or suspected sufferers of cancer, and that all recognized remedies and new remedies will be used in search of the etiology as well as the therapy of these conditions.

Roentgen could not begin to realize the vast and seemingly endless progress science was destined to make as a result of his discovery. Yet Texas, half way round the globe from the site of his experiment fifty-seven years ago, like the entire medical world, has embraced the new concepts of diagnosis and treatment he made possible. Not only medical progress but new vistas in biology, physics, chemistry, and other branches of knowledge have been built on his foundation.

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528 Capital National Bank Building.

One Hundred Years of Health Guardianship and Health Progress in Texas

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PUBLIC health in Texas began with the organization of medicine in Texas, not with the orders of the Spanish viceroys nor yet with the desperate efforts of presidents and governors to break the might of yellow fever with drastic quarantine. Public health in Texas began with the medical statesmanship of George Cupples, whose sense of responsibility for his fellow man led him to see then, one hundred years ago, that public health is by no means the mere control of epidemic disease and the regulation of environmental sanitation. In this wise, George Cupples was the first Texan, indeed the first American physician to put into clear and ringing terms medicine's basic philosophy and to command his fellow practitioners to accept their responsibility as the natural and ex-officio guardians of the public health.

That was at a time when community effort in health affairs was limited to attempts of communities to control epidemics and to half-hearted efforts of public officials to correct environmental circumstances so distasteful or so inelegant that even frontier communities would find themselves forced to bring about official action. But Cupples called for the extension of professional knowledge by the regulation of professional intercourse through such rules of ethics as would benefit both patient and physician. He was not making a plea for drastic quarantine. Instead, he was calling for observation and research in all problems of disease. To this he then forged a strong link between the problems of medical licensure and its bearing on public health responsibility, declaring,

> Medical Police, as a part of administrative government, has no existence in our State: . . .
>
> Nor can I altogether acquit the Medical profession in this State of blame. The timidity of some—the culpable indifference and selfishness of others, and the dispersion of [us] all over a vast territory, has hitherto prevented our exercising the legitimate influence we possess. I earnestly conjure you to let this reproach attach to us no longer.[2]

Again, fully aware that he was challenging the boasted liberty of Texas, which he considered in this instance ill understood, and acknowledging the difficulties to be surmounted only by the enlightenment of the people, he felt it the stern duty and the province of the Texas Medical Association to use its endeavors for "the passage of a law by our legislature, rendering vaccination obligatory on all, and making its neglect punishable by fine. . . ."[2]

That was November 16, 1853, in the Methodist Church in Austin, Texas, and we see him there one hundred years ago firm in his belief for the need of proper preparation to practice medicine:

> To us is committed the task of forming and directing public opinion on the grand question of Medical Education in our own State . . . where a nominal curriculum . . . and a mockery of examination by the very Professors whose pecuniary interest and natural self love incline them to . . . [award] Students . . . honors and degrees.[2]

Thus the broad statesmanship of our second president is as timely today as it was then.

At Cupples' direction, one of the two standing committees provided for by the Constitution and By-Laws adopted in 1853 was the Committee on Medical Topography and Diseases of the State, the other being the Committee on Publications. It is important, also, to note that the former committee was to appear by that name as one of the standing committees approved in the reorganization of 1869. With the development of official public health, the committee's name became State Medicine and Public Hygiene (1876). We know that committee today as the Section on Public Health of the Texas Medical Association, and on its one hundredth birthday we pay tribute to the scholarship, indeed, the medical statesmanship of George Cupples. Public health in Texas may in truth and in pride take its origins from his inaugural address there in Austin a hundred years ago.

In the sixteen years that were to follow—years of chaos, defeat, and despondency—public health was indeed local quarantine. Nevertheless, the basic philosophy of medicine had not been lost nor, indeed, misplaced. Texas physicians spared no effort in their dealings with local governments, and had their recommendations been carried out, there is little doubt that many of the epidemics would have been contained.

The reconvening meeting of 1869 recognized "climatology and epidemics" as one of the five of the standing committees of the Association, and Dr. R. M. Swearingen, later to become one of the great leaders in public health not only in Texas but in our nation as well, was made its first chairman. A year later (1870) President T. J. Heard himself headed the committee, and in 1871 there appeared for the first

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time a long series of reports from committees appointed for the purpose of controlling yellow fever. Among other things, these committees recommended that each city or town liable to yellow fever be "hereby advised by this Medical Association of the State of Texas to appoint a board of health, said board to consist of the most intelligent persons in their communities." At the 1872 meeting, President D. R. Wallace of Waco pleaded for legislative assistance and the education of the popular mind, saying, "It is the duty we owe our fellow citizens, the sacred obligation to posterity."[6]

Thus the pattern of warfare began to take shape; thus the lines of battle were joined into a fight never to have an end. In 1874 an undaunted assemblage cheered to the echo Ashbel Smith's scathing attack upon weak legislation for the regulation of the practice of medicine and enthusiastically supported R. H. Harrison's resolution to memorialize the Legislature to make the society a *de facto* board of health and thus "the conservators of a great public trust." But in April, 1876, Harrison reported regretfully that he could cite a very small amount of progress and said, "the neglect of the [Fourteenth] Legislature was as inexplicable as it was without excuse."[4] His committee had even carried the proposal to the State Constitutional Convention, but again without result except to decide, "that the passage of no law can be secured which popular clamor does not demand...."[4] It was to be thirty years more, in 1909, before a State Board of Health would be created at the insistence of the guardians of Texas health, the Texas Medical Association.

QUARANTINE

Texas, however, was not wholly destitute of health protection before an official State Board of Health was created. City, county, even state health officers were vigorously effective, not only in containing the epidemics of the time, but in convincing the public of the righteousness of the views of organized medicine. Nor had the Legislature been altogether intractable. As early as 1856 authority had been given to county courts and to town and corporate authority to establish quarantine regulations in localities under their respective jurisdictions. In 1870 the Legislature invested the Governor with the authority to maintain quarantine along the coast, an authority which the guardians of the health in Texas gave up only reluctantly to the federal government in 1919. The Act of 1879 authorized the Governor to appoint "from the most skilled regular physicians of the State, one physician who [was to be] known as the State Medical Officer."[3] A year before (1878) a volunteer convention of health officers meeting in Houston had named Robert Rutherford (Houston health officer for the ten years preceding) their spokesman. Undoubtedly this led to the passage of the Act of 1879, and Robert Rutherford was named the first state health officer. The energetic discharge of his duties will long be remembered. He was followed by Richard Montgomery Swearingen, justly recognized as one of Texas' outstanding public health men.

Under Swearingen the authority of 1879 became known as the Texas Quarantine Department (1871) with two branches, Quarantine and Internal Sanitation, both administered by the state health officer. A staff of ten quarantine officers was provided, but during that year occurred a smallpox epidemic which was so extensive and so devastating his staff was unable to cope with it. In the emergency a law was passed providing for the appointment by the Governor of city and county physicians to meet the situation. Coincidentally, the Twenty-Second Legislature made it the duty of county judges to appoint biennially a county physician to enforce quarantine rules. At the time those physicians composed the machinery of health administration under the state health officer.

Swearingen died while in office. He was followed for a short term by W. F. Blunt, another authority of his day on epidemic disease. Blunt was succeeded by George Tabor. Under Tabor's direction the reporting of vital statistics was made mandatory. Incidentally, the Department of Quarantine then became the Department of Public Health and Vital Statistics. The state, however, was still spending considerable sums of money in the maintenance and administration of quarantine camps at various ports of entry. Goods and persons were being held in quarantine, and yellow fever was still a matter of first importance. In the August, 1906, number of the newborn TEXAS STATE JOURNAL OF MEDICINE, one may find the most memorable summary on yellow fever as yet prepared: a popular lecture by the immortal James Carroll, delivered in Galveston, Texas, on April 12, 1905, under the auspices of the University of Texas.[1] In it he gives full credit to Dr. Greensville Dowell, certainly one of our medical immortals, particularly in medical education, in the assertion that Dowell was the first to incriminate the mosquito as a vector of the disease—as early as 1876—because five years later (1881) Finlay enunciated the same theory.

The efficiency of the quarantine service of that time indicated to Texas what might be accomplished by the extension of its health organization. But the Association realized then, as now, that health matters such as are embraced in preventive medicine can never be satisfactorily controlled by specific legislation. Laws can only express the average intelligence. Laws, too,

are not elastic enough to meet the varying demands of sanitation.

BOARD OF HEALTH

Nevertheless, health progress was being made. The "One Board" bill for medical licensure was passed in 1907, and in 1909, forty years after the reorganization of the Medical Association in Houston in 1869, the Legislature, again at the stern insistence of a committee headed by Dr. Witten B. Russ, created the Texas State Board of Health. The first meeting of that board was convened in Austin, May 25, 1909, and William M. Brumby was elected president and state health officer.

Dr. Brumby attacked the problems of his office with a cheerful zest and with a friendly enthusiasm that drew all health officers of the state to him and welded their thinking and action into an irresistible force. The mere listing of Brumby's triumphs falls far short of signalizing his importance to health progress in Texas: the first state sanitary code; a uniform code for municipal ordinances; health education; zealous but sincere and effective antituberculosis work; courageous attempts to enforce the law; health officer organizations. These and many others establish his fame in Texas medicine.

But for all his good works, certain newspapers attacked Brumby and the medical profession at every provocation. Eloquent lecturers went through the state inveighing against smallpox vaccination as a barbarous and dangerous rite and the *Houston Chronicle* (July 28, 1907) railed at the medical profession "which had been degenerating ever since the first medical practice act was brought into existence.... These enemies of the lives, liberties, and homes of the American people ... go into our school rooms and insert their death dealing virus into the bodies of innocent children under the protection of the law." The fight was by no means won, then as now, but the dies for casting our heavy ordnance were being machined.

Unfortunately, public acceptance of public health was badly shaken at the time by a disastrous epidemic of meningitis (winter of 1911-1912) which pales our dreaded poliomyelitis into insignificance. Holman Taylor, editorializing in the JOURNAL, said,

> that the health officials have been able to handle the situation at all under the circumstances only speaks well of the resourcefulness of the average doctor; it cannot be said to commend the foresight of either the profession or our lawmakers.
>
> We think the situation has unquestionably demonstrated our utter unpreparedness for real epidemic combat....[5]

But in defeat we plan our victories. Shortly after, the department was given laboratory support, epidemiologists, and, for the first time, full-time direction.

At this point recognition should be given to the support of the Rockefeller Foundation in Texas health progress in the twenty years that followed. For studies leading to the control of hookworm disease, directed by Dr. Morris H. Boerner of the State Health Department, the foundation contributed $50,000 (1915-1920); for malaria control, $26,000 (1920-1925); for vital statistics, $11,000 (1927-1928) and a small appropriation for laboratory work ($6,500) connected with venereal disease control (1925-1928).

One of the most important contributions of the Rockefeller Foundation was its support of pilot studies in development of local health departments (1921-1934). A total of $75,000 supported that project. It would be difficult to exaggerate the value of those studies in Texas health progress. Undoubtedly much of the successful expansion of the department's activities since that time is traceable to this exploratory work, because with the beginning of Rockefeller support, the Legislature began to set aside substantial support for intensive health work in rural areas (1917). The same Legislature made provision for vital statistics, for venereal disease control, and for a bureau of health education. Indeed, the Thirty-Sixth Legislature antedated the Shepherd-Towner Act by making provision for a bureau of child hygiene, and thus Texas was able to take advantage of that act when it was passed by the Congress in 1923. Later (1929) maternal welfare and infancy programs in Texas were strengthened by the licensing of maternal homes and day nurseries, together with child placing agencies.

Soon thereafter, the Legislature passed the reorganization act of 1927. This made the election of the state health officer subject to majority action of the board. It is generally accepted that this was the first positive step toward freedom from political control of the State Health Department, but the years directly following Dr. Brumby were not those of smooth progress. After W. B. Collins' administration in 1919, each succeeding year to 1925 saw a new health officer. Men like Manton M. Carrick, experienced and highly qualified in health administration, and Mallone Duggan, a pioneer in social hygiene, refused to put political prestige before principle. Rather than yield to political pressures, they submitted their resignations as a rebuke and a protest against political manipulations. This was health guardianship, not health progress.

Their successors were able to resume health progress in 1933, and the gains initiated by John W. Brown, the first man to bring to the office not only a background of scholarship but one which included professional training for public health, continue to go forward with great promise. Before the end of Brown's administration the Social Security Acts of 1935 re-

vived and extended maternal welfare and child hygiene, venereal disease control, and the study and prevention of mental illness.

In 1937 Dr. George W. Cox was elected state health officer. During the past sixteen years his contribution has been to strengthen and extend the gains of his predecessors. If there is any inclination to give the major share of credit for health progress in Texas over the past seventeen years to the New Deal alone, it should be made abundantly clear that not one dollar of federal money could have been used effectively in Texas without a matching appropriation from state and local appropriating bodies. Health advances under the New Deal could never have become possible in Texas without two things: (1) the education of our electorate by the practicing profession of Texas, and (2) effective guidance of the Legislature toward attaining these goals.

"THE TALE IS TRUE"

Ciertos son los toros, public health began with the organization of medicine in Texas; its future lies in the hands of the Texas Medical Association, exactly where it was placed a hundred years ago. For a century our Association, with courage and distinction, has fought pestilence, ignorance, selfishness, quack doctors, quack remedies, and not alone the ills of flesh and blood, but the spiritual wickedness in high places which would rule our world with darkness.

And these be the names of the mighty men whom David had: GEORGE CUPPLES, Scotsman born, gray Edinburgh his professional home, distinguished young surgeon of the British Auxiliaries in Spain (1836-1838), courageous battle-physician to the Confederate cause, urbane citizen of the Old World, scholarly leader on the frontier of the New, 38 years of age that night in the Methodist Church in Austin, Texas, twice president of our Association, Texas' greatest medical statesman; T. J. HEARD (President, 1870), to whom medical education and the control of the devastating epidemics of his time were chief concerns; W. J. COOK of Bellville, who held (1871) that there is no proof that yellow fever is of itself contagious; the redoubtable ASHBEL SMITH, the moving spirit of his age; ROBERT HENRY HARRISON of Columbus, Georgia-born, Alabama graduate, private to colonel (1861-1865), early organizer of the Association and first to propose its function as an official health agency (1874), close and discerning student of yellow fever, ever faithful, ever valiant; GREENSVILLE DOWELL, Ashbel Smith's worthy contemporary; JOHN H. POPE, who urged (1875) that every county organize and have a sanitary committee, "The plan is feasible"; A. R. KILPATRICK, scholar, earliest epidemiologist (1878); THOMAS D. WOOTTEN, of the stern brown eye, whose powerful assaults on physician members of the Legislature held no pity for moral weakness; ROBERT RUTHERFORD, first state health officer, with qualifications and educational distinctions far above the average of his time; R. M. SWEARINGEN, "the General," first health officer of Texas to receive national acclaim; CHARLES W. TRUEHART, the last of the quarantine officers yet the most remembered, private in '61 at Harper's Perry, artilleryman under Stonewall Jackson, steadfast in his principles, he fought hard against relinquishing state control of quarantine to federal authority; W. F. BLUNT, consultant to Surgeon General Gorgas; LOUIS A. BRYAN, who fought yellow fever in more cities than anyone of his time—Memphis, Galveston, Jacksonville, hailed him as their champion; and J. R. BRIGGS, who would be one of our outstanding ophthalmologists today, editing, managing, and writing the *Texas State Health Journal* (1888-1898) "dedicated to health and preventive medicine" and to the pitiless scourging of Texas quacks. Nor should it be forgotten that Allen J. Smith at the University of Texas Medical Branch was the first investigator to demonstrate (1895) the extensive occurrence of hookworm disease in this country.

This bold vanguard at our Armageddon has moved on into the West. The veterans of our conquering assaults of the early 1900's have all but joined them. Yet their presence is still near to us: we see their faces and hear their voices in much that we do, and we listen carefully for their guidance. Today we number as legion our engaging lines in health guardianship and health progress. We draw support from many health agencies, both official and voluntary. Together we are a mighty force whose only weakness lies in the dulled sensibilities of success.

This résumé consists of direct quotations and paraphrases of the earliest records of the Association, editorials and news items from the *Texas Health Journal,* volumes 1 to 9 inclusive (1888-1898), the *Texas Medical Practitioner,* its successor, and the *Texas Medical News* (1895-1916), which grew out of the *Texas Sanitarian* (1891-1895). The story of health guardianship and health progress in Texas from 1906 until the present date is well told in the TEXAS STATE JOURNAL OF MEDICINE. Specific references follow:

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One Hundred Years of Progress in Pathology in Texas

B. F. STOUT, M.D., San Antonio, Texas

THE subject of pathology in Texas had its beginning that day in 1889 when young George Dock of Galveston walked to the speaker's stand with a microscope in his hand and proceeded to demonstrate the various phases of the malarial parasite to members of the Texas State Medical Association. Prior to this time, some progress had been made. But this was the real beginning.

For those who would like a brief survey of the history of pathology in the world, I can heartily recommend an address given by Dr. Howard T. Karsner.[3]

PATHOLOGY AT SCHOOLS

The review of the history of a century of pathology in Texas must be reduced to eighty years, since the earliest mention of the subject dates back to 1873. The late Dr. Albert O. Singleton,[1] professor of surgery at the University of Texas Medical Branch in Galveston, is authority for the unconfirmed statement that the first professor of pathology was Dr. William Penny, who was head of the Department of Physiology and Pathology at the Texas Medical College, organized in 1873 in Galveston. No details are known regarding this man and his activities.

The need for laboratories of pathology in Texas was stated by Dr. Ferdinand Herff of San Antonio in 1889 at a meeting of the Texas State Medical Association. At that time he noted that there were no laboratories of pathology in the state.

The need for the teaching of pathology in Texas was attested by the chairman's address delivered by Dr. Allen J. Smith in 1901 before the Section on Microscopy and Pathology of the State Medical Association of Texas. I quote in part from that address:

> It is well within the memory of many of the Association when this branch was not regarded as of sufficient importance and practical value to the active physician to require its adoption in the school curriculum; and even today, there are more schools than one, of well-recognized merit, in which it is represented by a lectureship, whose instruction is open to the voluntary attention of the student, but of which a trial of his knowledge is not regarded as essential to graduation. . . .[6]

This address of nearly 4,000 words was delivered in unhurried and beautiful English and should be read by those who are interested in the history of this subject. Other papers which were published at the same time were also long and unhurried, but it should be remembered that that was an era in which physicians were not harassed and diverted by a multitude of distractions which beset us at present. At that time there were not the bewildering variety and number of medical meetings—national, state, district, and county. The doctors were not compelled to choose between the constantly increasing number of medical periodicals and journals on every conceivable medical subject.

The first medical school department of pathology known to exist in Texas was established at the Texas Medical College and Hospital in Galveston in 1889.[1] In that year Dr. George Dock was appointed head of the department and he held this position until the University of Texas Medical Branch was established in Galveston. The first Medical Branch pathologist was Dr. Allen J. Smith, who served from 1891 to 1903. Dr. Smith was a graduate of the University of Pennsylvania and had served in the Department of Pathology of that institution as had Dr. Dock. Dr. Alfred E. Thayer then served from 1903 to 1907. Following Dr. Thayer, Dr. James J. Terrill became professor

DR. GEORGE DOCK

After Burns, G. R.: Men of Medicine, Gifted and Inspiring Teacher, Postgrad. Med. 8:325 (Aug.) 1950.

Read before the Section on Clinical Pathology, Texas Medical Association, Annual Session, Houston, April 28, 1953.

of pathology and served from 1904 until 1913. A graduate of the Medical Branch, Dr. Henry Charles Hartman, became professor of pathology in 1913 and remained until 1928. From 1926 to 1928 he was also dean. From 1928 to the present time, Dr. Paul Brindley has officiated as head of the department. The growth of the department has been such that there are now seven pathologists in the teaching department.

In 1891 when the Fort Worth Medical School was established, Dr. William Howard was professor of pathology. The first graduating class in 1895 consisted of five students. In 1910 this school became the Medical Department of Texas Christian University and Dr. J. D. Covert headed the Department of Pathology. He held this position until 1914. Dr. P. L. Goodman then became head of the department and retained that position until 1918, when the school was merged with Baylor University College of Medicine.[10]

The third school of medicine to be organized with a Department of Pathology was the University of Dallas Medical Department.[4] Baylor University took over this school in 1903. Records for these early years show that in 1901-1902 the first and second year classes scheduled pathology for two periods of one hour each per week. These were taught by a Dr. Ullrich. He was followed by Dr. A. E. Blount, whose title was professor of pathology, histology, and bacteriology and lecturer on dermatology. In 1904, Dr. Pierre Wilson became professor of histology, pathology, and bacteriology. He also taught hematology, surgery, and clinical surgery. It was not until 1904 that the chair of pathology was made important. Students were taught by lectures and demonstrations. Bacteriology was taught in the second year by one lecture a week; and in the third and fourth years, in bacteriologic laboratories eight hours a week, with two lectures and one recitation per week on pathology and bacteriology.

In 1907, Dr. A. E. Thayer became professor of pathology. The chair was vacant in 1912-1913. In the latter year, Dr. W. H. Moursund became professor of pathology. The departments were again combined in 1917, and Dr. J. H. Black became professor of pathology and bacteriology. In 1919, Dr. George T. Caldwell became head of the department and occupied that position until 1943, when Baylor University College of Medicine was moved to Houston. Dr. Stuart A. Wallace became professor of the department at Houston; Dr. Caldwell remained at Dallas.

The new school at Dallas was named Southwestern Medical College; in 1949 it became Southwestern Medical School of the University of Texas. Following the death of Dr. Caldwell in 1947, Dr. Charles T. Ashworth became head of the department. Dr. E. E. Muirhead became the next department head, which position he still occupies. Other pathologists and bacteriologists who occupied the chair at Dallas include Drs. Marvin D. Bell, Roger J. B. Hubbard, Morris L. Richardson, Earl B. McKinley, and Hardy A. Kemp.

During the time covered by this outline of the history of pathology in the Texas medical schools, great progress was being made. The departments became increasingly useful in their teaching and other activities in Texas as each year passed.

SECTION ON PATHOLOGY

Prior to 1893, there was no section set apart for pathology. The Section on Practice of Medicine, Materia Medica and Therapeutics was used as a depository for pathology, pathology being a caudal appendage. Two of the early contributors to this section were George Dock and Allen J. Smith. Dr. Dock, as previously stated, in 1889 demonstrated the malarial parasites and reported 2 cases of leprosy.[2] Dr. Smith in 1893 gave a comprehensive report on "Generalization of Cancer of the Stomach."[7] These papers were published in the *Transactions* of the Texas State Medical Association.

DR. ALLEN J. SMITH
After Allen J. Smith, Am. J. M. Sc. *173*:753 (June) 1927.

From 1893, a Section on Microscopy and Pathology, with periodic changes in its official name, met uninterruptedly until 1918, when, probably because of the war, the section did not meet. From 1918 through 1927, the State Pathological Society of Texas conducted meetings and furnished programs during the annual sessions of the Association. It was not until 1928, following an amendment in 1927 to the By-

Laws whereby a Section on Pathology was created, that regular meetings were resumed. In 1929 the By-Laws again were amended, changing the name of the section to Section on Clinical Pathology. There was an active discussion in 1930 as to whether or not this section should be abandoned, but it was voted to continue it. The section at present is a very lively one.

STATE SOCIETY

On May 9, 1921, eleven pathologists met in Dallas and organized the State Pathological Society of Texas, the first state society of its kind in the Union. These pathologists were Drs. J. H. Black, Marvin D. Bell, Charles F. Carter, and W. H. Moursund, all of Dallas; E. F. Cooke and Martha A. Wood, both of Houston; M. D. Levy of Galveston; J. E. Robinson of Temple; W. F. Thomson of Beaumont; Richard C. Curtis of Corsicana; and B. F. Stout of San Antonio. A constitution and by-laws was adopted, and Dr. Levy was elected the first president. At this meeting five additional pathologists were added as charter members, including Drs. George M. Graham of Austin; Frank W. Hartman, Temple; Henry C. Hartman, Galveston; F. May, Bryan; and Truman C. Terrell, Fort Worth. Dr. Black was the second president of the society. The society ceased to exist at the close of 1935, there being no meetings during the ensuing three years.

A new constitution and by-laws was adopted, and Dr. George T. Caldwell, professor of pathology at Baylor University College of Medicine at Dallas, was elected president in 1938. All of the charter members are living except Drs. Cooke, Curtis, Graham, Thomson, and Wood. Dr. Levy is a leading internist in Houston; Dr. Black has entered the field of allergy; Dr. Moursund just recently has retired as dean of Baylor University College of Medicine; Dr. Henry Hartman has retired. The following are actively practicing pathologists: Drs. Bell, Carter, Robinson, Terrell, and Stout.

Great honor has come to the pathologists of Texas in having Dr. Terrell as the first pathologist to become President of the Texas Medical Association; Dr. George Turner of El Paso is the second pathologist to have that honor. Dr. Black has had the added distinction of being the only Texan elected as president of the American Society of Clinical Pathologists. Later, Dr. Black became president of the American Society of Allergists. Dr. Frank Hartman was the first president of the College of American Pathologists.

The Texas Society of Pathologists has two meetings a year, one in January and one in April. Included in the program of these meetings are not only the business activities of the organization, but also some scientific project, which for a number of years has consisted of a tumor seminar conducted by one of the Texas professors of pathology. Continued progress and activities of new members has increased the present roll of the society to seventy-eight pathologists.

PRIVATE LABORATORIES

In 1904, I established in San Antonio the first private laboratory for clinical pathology in Texas. Others soon followed including Dr. W. F. Thomson at Beaumont and Dr. J. H. Black at Dallas in 1907; Dr. E. F. Cooke at Houston in 1909; Dr. Martha A. Wood, also in Houston, in 1911; Dr. Truman C. Terrell at Fort Worth in 1915; and Dr. W. W. Coulter at Southwestern State Hospital in San Antonio in 1917.

It is said that in 1874 there were only fifty microscopes existing in the United States. When I arrived in San Antonio, there were a few microscopes owned by physicians, but most of these were kept under glass for exhibition purposes. It was during this time that Dr. W. B. Russ of San Antonio was asked by an older physician to see with him a case which he regarded as very interesting, and said that he believed the older physicians should help out the younger men. Dr. Russ immediately saw that the lesion was obviously a widely disseminated melanocarcinoma, but the older doctor pompously announced: "Dr. Russ, this here is a case of 'pseudo-anemia' or 'Atkin's disease.'" Fortunately this degree of ignorance is extinct in these days—I hope!

The establishment of these laboratories was followed rapidly by others, until today there are laboratories in all of the larger cities; the smaller towns also are being served by these laboratories.

Following my visit to Berlin in 1910, I performed the first Wassermann test in Texas in 1911 and gave the first dose of salvarsan. Elsewhere[9] I have published the course of events leading to the conquest of syphilis both by diagnosis and treatment.

TUMOR SEMINARS

As time went on, it became apparent that the pathologists of the state were not sufficiently versed in the diagnosis of tumors. Some had the opportunity to attend national seminars conducted by the American Society of Clinical Pathologists. The San Antonio group of pathologists had been meeting with the pathologists at Brooke Army Hospital for a special study of tumors. In 1944 this group conceived the plan of conducting a tumor seminar which could be attended by all interested pathologists. A meeting of this nature was substituted for the usual Section on Clinical Pathology program of the State Medical Association during that year. Dr. Arthur Purdy Stout of Columbia University, international authority on neoplasms, successfully conducted this project, the pro-

ceedings of which were published in the TEXAS STATE JOURNAL OF MEDICINE.

This first meeting was so enthusiastically received by those in attendance that the San Antonio group was stimulated to institute the tumor seminar as an annual event conducted each year by a noted pathologist. Guest lecturers during the past years have included Dr. Emil Novak, Baltimore; Col. J. E. Ash, Army Institute of Pathology; Dr. Shields Warren, Boston; Dr. Rupert A. Willis, Royal Cancer Hospital, London; Dr. M. J. Stewart, University of Leeds, Leeds; and Dr. Lauren B. Ackerman, St. Louis.

The value of these tumor seminars has been emphasized by Dr. Arthur Stout whom I quote.[8]

> Although seminars of this sort are not new . . . the virtue and importance of the series of seminars initiated by the San Antonio group in 1944 has been to popularize such gatherings for the study of tumors so that they have been copied all over the country. This can be appreciated from the fact that since the first seminar in San Antonio, I have participated in forty-nine similar ones in fifteen other states and in Mexico. This popularity has borne fruit. The diagnostic abilities and biologic knowledge of pathologists all over the country concerning tumors has measurably increased since 1944 as I can attest from personal experience; and in my opinion the tumor seminar has been a major factor in this progress. Since a hospital pathologist is a key figure in a professional cancer education this increase in his knowledge and the awareness of tumors has had an incomparable and great effect upon the public welfare of the whole nation.

The initiation of annual events of this kind has spread rapidly over Texas, and they are now included in the programs of such organizations as the M. D. Anderson Foundation, The University of Texas Medical Branch in Galveston, and the North Texas Pathological Society.

INTEGRATION OF PATHOLOGY

While surgical pathology has been emphasized in the preceding paragraphs, it is important that we realize the true definition of pathology. It is not strictly morphology, because a knowledge of morphology alone would be of little gain; the true scientist wants to know the reason for these morphologic changes. Therefore, the pathologist must invoke the aid of bacteriologists, immunologists, biochemists, and other correlated scientists.

The rules requiring the examination of all surgical material and a minimum number of autopsies, together with clinicopathologic conferences, established by the American College of Surgeons for laboratories of recognized hospitals, has resulted in the integration of the clinical with the pathologic aspects.

If space permitted, much more could be said about the teaching departments of the medical schools, because these are of fundamental and paramount importance in preparing students for the practice of medicine. Splendid men have devoted themselves to teaching; others, just as capable, have worked in the field as general pathologists. Both the teachers of pathology and those who practice it in hospitals and private laboratories have closely integrated their various activities for the mutual benefit of all.

In looking back over the past five decades and the advances made in the practice of pathology, I take immense pride in the progress that has taken place and feel humbled to have had a part in it. Pathology in Texas has come of age. As we survey the history of pathology in Texas—its struggles, its advances, its achievements—we are honored in that we have made ourselves indispensable to the general practitioner, the surgeon, and the internist.

Although it is hazardous to forecast the future in this field, these predictions can be made with confidence. Since we stand upon the threshold of even greater accomplishments, future developments will be led by pathologists. And of this we can be entirely sure, Texans will be found in the vanguard of the new discoveries.

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LOYALTY TO THE PROFESSION

An editorial in the July, 1905, issue of the TEXAS STATE JOURNAL OF MEDICINE, the first issue, emphasized the value of organization, stating in part:

"... If a man has chosen the medical profession for the purpose of fighting disease, of helping humanity, and alleviating the suffering of mankind, organization gives him added power. Neglect of this power is an impeachment of his very motives.

"We can not be loyal to our profession if we fail to avail ourselves of every opportunity to further its advancement. There is no way more practical than for every reputable physician to join his county society, attend its meetings and lend his influence to the accomplishment of its enterprises. The time is at hand when no reputable physician can remain out of his society and be loyal to the profession. He may appear ethical and be respected by his fellow physicians, but he is omitting the very essence of his professional duty. . . ."

PEDIATRIC HISTORY IN TEXAS

FRANK H. LANCASTER, M.D., Houston, Texas

IN our social structure the child occupies a most important and, we might say, enviable position, but this has not always been true.

Probably the most astounding thing is the very low value placed on child life among many of the primitive peoples. Abortion and infanticide were common practices and for a variety of reasons that to us would be entirely unjustifiable. The following have in different eras been considered as adequate excuse for infanticide:

1. It was a ritual among some people to destroy the first born.
2. Children born out of wedlock were considered to be a curse, and tribal laws or customs made their immediate destruction mandatory.
3. Certain days were designated as unlucky and children born on these days were considered to have little or no opportunity for a successful life and were thus protected against their own disastrous future.
4. Children who showed so minor a departure from the normal as to cut teeth in any except the accepted order might be destroyed in the belief that they were abnormal and would be endowed with supernatural powers that would make them dangerous.
5. In time of pestilence or disaster a child might be substituted for the animal of biblical times and be offered on the sacrificial altar to appease the wrath of the gods.
6. Monsters were unhesitatingly destroyed.
7. To preserve the sex ratio, some areas or tribes were prompted to destroy children.
8. Infanticide was a means of controlling the number in a tribe or the population of a given territorial area.
9. Children were destroyed when unfavorable economic conditions occasioned hardships.

But what is more astounding is the fact that even in modern times, we have nations that still engage in certain barbarian practices and have no qualms over the destruction of human life. With the high regard existing today among civilized people for life even under the most unusual, difficult, and even impossible situations of mental and physical anomalies, it is repulsive to think of the practices condoned in the past and to consider that they still constitute a problem to scientific and religious people of our own day.

Although medicine has contributed its full share in bringing about our present attitude on these situations, the advent of Christianity was the major factor in bringing about the real awakening on many of these issues.

In prehistoric times from such evidence as can be gleaned from a study of the osseous system, some of the same diseases existed as are recognized today. The earliest accounts mention only a few specific maladies in children, and the only clearly defined were "teething, fever, fits, and worms." By process of elimination, "worms" often came to be the only possible diagnosis; thus the practice of "worming" children attained much importance in therapy and many bizarre treatments were originated.

Prior to the sixteenth century when Thomas Phayre wrote his work on "Diseases of Children" we do not find anything of note about diseases of childhood written in the English language. Hippocrates gave what is probably the first clear and logical discourse on disease and therapy with not too much attention to the field of pediatrics. But it was he who attributed to teething many dire symptoms such as high fever, diarrhea, and convulsions, which teaching no doubt carried on down through the ages, and to him may be traced certain erroneous ideas which led astray some physicians of later generations, even into our own times.

Most of the writers following Hippocrates merely wrote commentaries on his works, but in 1500 Metlinger gave a great deal of attention to feeding and to the developmental phase of child life in his discussions on habits, manners, emotions, mentality, obedience, reverence for God, and the role of patience, kindness, punishment, and penalties in the disciplining of children. He particularly advocated tolerance and recommended that minor faults be overlooked to a large extent.

In this same century, Felix Platter performed an autopsy on a 5 months old baby who died suddenly of symptoms pointing to acute suffocation and described what is probably the first authentic case of thymic death ever recognized.

In the seventeenth century many original contributions were made. Sydenham gave his classical treatise on chorea; Jenner discovered smallpox vaccination; autopsies revealed the true nature of many of the anomalies, and in the heart was found the explanation of the cause of the "blue baby"; Underwood gave the first clear description of poliomyelitis; the term "cholera infantum" was coined; the bottle came into use as a method for feeding babies not on the breast; formulas began to replace straight milk feeding; it

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became apparent that care and cleanliness of utensils was of utmost concern; the contagious diseases commanded a great deal of attention, with scarlet fever being for the first time recognized and described as a separate clinical entity; and for the first time the real problem of preventive and protective measures began to occupy the thoughts of eminent practitioners.

A NEW ERA

By the time the nineteenth century arrived much valuable scientific and practical information had been amassed so that we may say a new era in medical progress was initiated. For the first time attention was called to the fact that newborn infants normally lose weight before lactation is established in the mother. Consideration was given to the normal, and to the process of growth and development and height weight charts were compiled. The thirst for accurate knowledge on the etiology of disease and the intense desire to discover and perfect specific therapeutic remedies gave a great impetus to scientific research. Remarkable progress in chemistry, bacteriology, physiology, and anatomy was made. Pasteur made his invaluable contribution on rabies, and Calmette made his studies on tuberculosis, originated the tuberculin test, and prepared BCG vaccine. Klebs Loeffler identified the diphtheria bacillus and discovered the nature of its toxin, and from this knowledge Ramon prepared his anatoxin which resulted in the principle of active immunization against this dread disease.

In this country before the nineteenth century practically nothing is recorded on diseases of children. The practice of witchcraft, the miracles of which were sincerely believed in, and the many problems facing the early settlers no doubt retarded all efforts at scientific solution of medical problems. However, in 1847 was published the first volume of "Medical Society Transactions." In this appeared an article by H. Beardsly on "Congenital Hypertrophic Stenosis of the Pylorus." So well done was this description that after the turn of the century Dr. William Osler had it reprinted as a masterpiece.

For a long time, there were no medical schools in this country and a man had only the choice of "reading medicine" as an apprentice to some recognized physician or returning at considerable expense to schools in the old country. Benjamin Rush, after serving such an apprenticeship under Dr. John Redman, entered the medical school at Edinburgh, from which he received his degree in 1768. His contribution to pediatrics was an original paper on "An Inquiry Into The Causes And The Means Of Cure Of Cholera Infantum."

The father of pediatrics in the United States was Dr. Abraham Jacobi, who was educated in Europe and came to this country in 1853. He was a pioneer in bedside teaching of pediatrics. He was followed by J. Lewis Smith, a graduate of the College of Physicians and Surgeons in New York. Following these men, Luther Emmett Holt came into prominence as a pediatrician, and probably no man has exerted a more profound or lasting influence on this specialty in this country. His textbook, "Diseases of Children," was for many years the Bible to both pediatricians and general practitioners.

With the increasing number of pediatricians and the growing importance of the study of diseases of children, the American Medical Association in 1880 arranged a special section on pediatrics with Dr. Jacobi as its first chairman. In 1888, the pediatricians convened to discuss a special society, and from their deliberations was born the American Pediatric Society, with Dr. Jacobi as its first president.

Depending on the age limit that is accepted, roughly 25 to 40 per cent of our population falls in the field of pediatrics. It is surprising, then, that much "frontier pioneering" was necessary, and that it took so long to get pediatrics recognized as a specialty in many state medical associations and to convince some medical faculties that pediatrics deserved recognition as a separate department in medical schools. In our own State Association, the first mention is in 1877 when the By-Laws stated that there should be a section on "Obstetrics, and Diseases of Women and Children." In the medical schools, it was carried for the most part as a subhead under the departments of medicine. In 1906, the State Medical Association of Texas reorganized the sections. Pediatrics was divorced from obstetrics and diseases of women, and we find it in the Section on Medicine and Diseases of Children. In 1928 the Texas Pediatric Society presented a resolution with a request that a separate section on pediatrics be created. For a time, the Texas Pediatric Society had been holding a separate meeting during annual sessions of the Association, and this caused a conflict. The Texas Pediatric Society was willing to abandon this practice if a separate section on pediatrics was created. In 1939, the name of the section was again changed to "Medicine and Pediatrics," but it was not until the administration of Dr. Preston Hunt that a separate section was set up. In 1941, with Hugh Leslie Moore of Dallas as chairman and Frank H. Lancaster of Houston as secretary, the first section program was given.

TEACHING PEDIATRICS

In the medical schools of Texas there were no separate departments in pediatrics, as will be discussed later, until about 1920. This was true also of some schools in other states. But with the turn of the century the specialty became recognized, and today prac-

tically every first class medical school has one or more full-time instructors forming the nucleus of a department of pediatrics, with several part-time men from private practice aiding in clinical instruction.

Dr. Marvin L. Graves was appointed in 1905 to the chair of "Professor of Medicine and Pediatrics and Lecturer on Mental and Nervous Diseases" in the Medical Branch of the University of Texas at Galveston. He was given the handsome salary of $2,000 a year but was allowed to continue in private practice. He delegated to Dr. Allan Heard and later to Dr. James Greenwood, Sr., the lectures on pediatrics. Neither of these men had any special preparation in the specialty nor any interest in the private practice of pediatrics. In 1918, realizing the need for a better course in this subject, Dr. Graves importuned Dr. Boyd Reading to go east and take some special work. The Department of Pediatrics was created in 1919 and Dr. Reading was appointed adjunct professor of pediatrics. It was at this time that I entered medical school at Galveston. Our course in pediatrics consisted of a Saturday morning lecture through our junior and senior year, with an irregular outpatient clinic one afternoon a week. Thus, with our only teacher a physician in private practice, we had to stretch our imaginations somewhat to consider that we had a Department of Pediatrics. In 1925, although continuing to devote most of his time to private practice, Dr. Reading was made full professor of pediatrics, and at that time the first evidence of growth of the department was noted. With continued growth of the school, the department expanded and it became apparent that a full-time head for the department with clinical assistants would be needed. In 1944 Dr. Arild E. Hansen was installed in this capacity and is the present incumbent.

In 1900, the Medical Department of the University of Dallas was organized, and in 1903, the Board of Trustees of Baylor University was petitioned to assume a limited responsibility for the school of medicine. This they agreed to for a three year period, and in 1906 the agreement was extended for another three year period. Finally in 1909 Baylor assumed full responsibility and it became an integral part of Baylor University itself. Dr. A. F. Beddoe was the first professor of diseases of children appointed in the Department of Medicine to teach "in an impressive manner the diseases incident to childhood, usually including the period from birth to about the age of fifteen years." In 1909 Dr. Hugh Leslie Moore joined the faculty as clinical professor of children's diseases, which was still a subhead in the Department of Medicine. At that time Dr. Moore was in general practice and was chief surgeon for the Texas Traction Company and the Southern Traction Company. In 1911, Dr. W. H. Moursund as dean of the medical school discussed with Dr. Moore the advisability of limiting his practice to pediatrics, but Dr. Moore considered it impractical and inadvisable.

In 1912, Dr. Moore succeeded Dr. Beddoe as professor of diseases of children, but continued in private practice. In 1915, he decided to limit his work to this field and took some postgraduate work in Chicago. In 1920, when a separate Department of Pediatrics was instituted, his title was changed to professor of pediatrics, and he continued in this role until the school was moved to Houston in 1943. In this same year, the Southwestern Medical College was founded and Dr. Moore was commissioned to organize the Department of Pediatrics, to prepare the curriculum, and to serve as head of the department. He continued in this capacity until his death in 1950.

When Baylor moved its medical school to Houston, Dr. James H. Park was selected as chairman of the Department of Pediatrics with the title of professor of pediatrics, in which capacity he served until 1947. In this year, Dr. Russell Blattner succeeded Dr. Park and became the first full-time appointee as professor of pediatrics.

PIONEER PEDIATRICIANS

The pioneers in the practice of pediatrics in the different cities of our state deserve special mention. Of the six that I include in this group only two are living today.

Dr. Mary C. Harper was the first pediatrician in San Antonio, and, to my best information, the first physician in Texas to limit practice entirely to pediatrics. Born in 1868 in Missouri, she later moved to St. Louis, where she taught school for a time. She studied shorthand, became a proficient stenographer, and held several secretarial positions, but because of ill health was forced to leave St. Louis. She moved to San Antonio in 1893 and later became private secretary to Col. George Breckenridge, who was a great benefactor to the University of Texas. Upon his retirement, Miss Harper wanted to study medicine and Colonel Breckenridge used his influence to override the precedent previously existing against women medical students, and thus through his efforts she was one of the first women to enter the Medical Branch at Galveston. She was graduated in 1910 at the age of 42 years. After a year in Babies Hospital of New York under Dr. Emmett Holt, she returned to San Antonio in 1911 to enter practice, limiting her work entirely to pediatrics. Finding the milk situation deplorable for infant feeding, Dr. Harper set about to improve it and was instrumental in getting two dairies to produce certified milk. She was later appointed to head the Bexar County Milk Commission, in which

capacity she served for many years. She retired at the age of 72, but lived to 83 before dying in 1952.

In Houston, Dr. Nathaniel N. Allen was the original and for a time, the only physician limiting his work to this field. A son of Dr. N. N. Allen, who was professor of surgery in the first faculty of Galveston Medical College in 1866, he began the study of medicine at the Medical Branch of the University of Texas in 1896 and later transferred to the Kentucky School of Medicine in Louisville, from which he was graduated in 1899. In 1901, he located in Houston and engaged in general practice. Realizing the growing importance of the field of pediatrics, he later took postgraduate work in Chicago and New York and in 1912 limited his practice in Houston to this specialty. He continued to practice in that city until his death in 1936.

Dr. H. L. Moore, already mentioned, was the first pediatrician in Dallas and was extremely active in child health and welfare in this state. He organized the Texas Pediatric Society and served as its first president and was also an organizer and president of the Dallas Pediatric Society.

Dr. J. A. Rawlings of El Paso was the physician for my own son born in 1917. Although he did not confine his practice to pediatrics, he did give up general practice to combine obstetrics and pediatrics, devoting a great deal of time to the latter. He was one of the organizers of the Texas Pediatric Society and maintained a high interest in the specialty until the time of his death.

Beaumont has one of the pioneers in the person of Dr. Walter D. Brown, who after eleven years in general practice took special work in pediatrics in Children's Hospital in Boston and returned in 1917 to limit his practice to pediatrics. He was one of the early proponents of evaporated milk feeding as insurance against the poor dairy situation of that era. He is one of the charter members of the Texas Pediatric Society and continues in active practice.

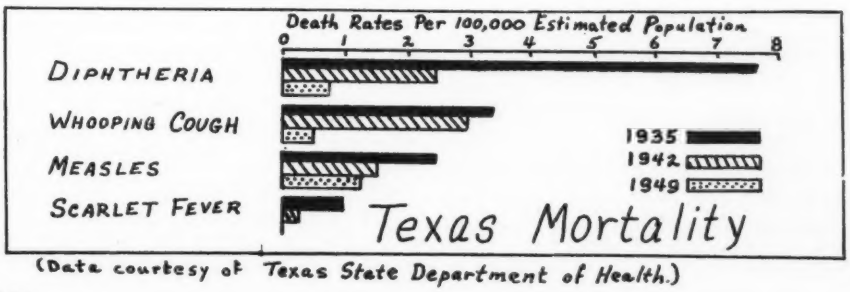
Dr. Edwin Schwarz was the first to have a practice in pediatrics in Fort Worth. After being graduated from the University of Texas School of Medicine in 1916, he joined the armed forces. He later did postgraduate work in pediatrics at the Cleveland City Hospital. Upon completion of his service there, he returned to Fort Worth in 1919 and has limited his practice to this field, taking an active part in welfare work for children. For many years, he was state chairman for the American Academy of Pediatrics.

These pioneers were all charter members of the Texas Pediatric Society, which was formed in 1921 by about a dozen doctors. Membership at first was not restricted to those who limited their work to pediatrics, but as the society grew, it became necessary to classify members. Today, only those who limit their practice to pediatrics are eligible for active membership. However, any physician interested in pediatrics may affiliate as an associate member. The society has contributed much to the advancement of pediatrics and has been a potent factor in the promotion of scientific research, public health, child welfare, and preventive medicine. At present, it makes an annual award each year for an outstanding accomplishment in the field of pediatrics in this state.

PROGRESS

Since being recognized and given its rightful position, pediatrics has developed with tremendous strides, and progress in this field has paralleled that in any other branch of medicine. Almost in the discard are such diagnosis as marasmus, cholera infantum, typhoid fever, tetanus, smallpox, diphtheria, pertussis, and mastoiditis. Pneumonia fails to strike terror to the heart as of old, and in most instances cases are aborted without the dramatic crisis. In afebrile pneumonia, which thirty years ago carried a mortality of 100 per cent, we find almost a straight record of cures. Pneumococcic meningitis, another 100 per cent fatality in previous years, is now amenable to treatment when prompt diagnosis is made. The list could be extended almost indefinitely to show why and how the span of life has been so greatly increased and how living has been made so much more worth while. But we do not rest on our laurels. There are yet undiscovered etiologic agents, and there are yet diseases incurable in the light of our present knowledge. We recognize and accept the challenge that before us lies.

4407 Rossmoyne.



(Data courtesy of Texas State Department of Health.)

MEDICAL EDUCATION IN TEXAS

M. O. ROUSE, M.D., Dallas, Texas

TEXAS, with three first class medical schools—the Medical Branch at Galveston and Southwestern Medical School at Dallas, each a division of the University of Texas, and Baylor University College of Medicine at Houston—is exceeded in total number of such institutions only by four states —New York, Illinois, Pennsylvania, and California. It is one of the few states with a special postgraduate medical school; its M. D. Anderson Hospital for Cancer Research is one of the most unusual in the country; it has three successful postgraduate medical assemblies, more than any state in the Union; and its Texas Medical Association actively sponsors postgraduate work among its members. The three medical schools have graduated a total of 6,252 physicians—by an interesting coincidence almost the number of active members of the Texas Medical Association in its centennial year.

MEDICAL BRANCH

The first medical school in Texas was established by Dr. Greensville Dowell (1822-1881) in Galveston in 1866. The initial plans started in 1857, but were delayed by the Civil War. The Galveston Medical College had a rather precarious existence and eventually was reorganized in 1873 as the Texas Medical College and Hospital, with Dr. Ashbel Smith (1805-1886) as chairman of the trustees and examiners.

The colorful Dr. Smith had a deep interest in education, and his influence and efforts had much to do with the provision in the Texas Constitution adopted in 1876 to establish a "University of the First Class" at Austin, and a Medical Branch at Galveston. Indeed, he presided as the first chairman of the Board of Regents of the University of Texas when the cornerstone of the first building was laid in Austin in 1882.

The interest and influence of Galveston's leading physician, Ashbel Smith, and leading industrialist, John Sealy, had much to do with the Constitution of Texas placing the Medical Branch of the University of Texas at Galveston. Mr. Sealy gave the hospital which enabled the Medical Branch to open in 1890. His wife, and then his son and daughter, through the Sealy and Smith Foundation for the John Sealy Hospital, have continued to be generous benefactors to the Medical Branch, their gifts culminating in the new 1,000 bed John Sealy Hospital now being completed at Galveston at a cost of $10,000,000.

Coeducational since its organization in 1890, the Medical Branch has graduated 3,461 physicians through 1952. The John Sealy College of Nursing was made a part of the Medical Branch in 1897. The College of Pharmacy, originally a part of the Medical Branch, was removed to Austin in 1927, but the Medical Branch now has as integral parts of its teaching and service system the Galveston State Psychopathic Hospital, the State Hospital for Crippled and Deformed Children, the Maco Stewart Home for Convalescent Children, the Ziegler Memorial Hospital, and the Negro Hospital.

At Galveston are three major laboratory buildings —the Ashbel Smith, the William Keiller, and the Gail Borden Buildings—with several other laboratory structures. The Medical Branch admits freshman classes of 164 students, with a current student body of approximately 600. Technology students, nursing students, residents, graduate students, and other personnel make a total of more than 900 individuals under active instruction, in addition to hundreds of practicing physicians who come each year for postgraduate study. Chauncey D. Leake, Ph. D., is in charge of the Medical Branch. One very noteworthy accomplishment has been the establishment of a preceptorship system whereby senior medical students spend three months in active association with some physician in the state who is selected with the cooperation of the Texas Academy of General Practice.

One feature of the Medical Branch is its furnishing medical service to indigent patients from all over the state when properly referred by private physicians. At Galveston is the only state hospital of its kind in Texas.

BAYLOR UNIVERSITY

There were several proprietary medical schools in Dallas at the turn of the century, but the strongest to emerge was the Medical Department of the University of Dallas, of which Drs. Edward H. Cary, C. M. Rosser, and S. E. Milliken were the moving spirits. When the Council on Medical Education and Hospitals of the American Medical Association insisted on medical schools having affiliations with academic institutions, Dean Cary arranged with President S. P. Brooks of Baylor University at Waco for Baylor to sponsor the medical school in Dallas, and so, since 1903, the former Dallas institution has been an integral part of Baylor University.

Immediately following the close of the 1942-1943

session in Dallas, the College of Medicine was removed to Houston, where the next session opened July 12, 1943. The laboratory departments, library, and administrative offices were located in temporary quarters until the summer of 1947, when the college removed to its permanent home, the beautiful Cullen Building in the Texas Medical Center.

Baylor University College of Medicine has graduated a total of 2,238 students since its origin. Dr. W. H. Moursund served as dean from 1918 through 1952, when he was succeeded by Dr. Stanley Olson. The enrollment for the current session is 366 students.

There existed in Dallas for a time a medical branch of Southwestern University at Georgetown. This medical branch was discontinued in 1916, when the Methodist denomination opened Southern Methodist University in Dallas. Baylor University College of Medicine took over the faculty and student body of the former Southwestern group.

Likewise, a thriving medical school had started in Fort Worth, eventually becoming the Medical Department of Texas Christian University. With the coming of World War I this school was merged with Baylor at Dallas in 1918, leaving Baylor as the only medical school in North Texas.

SOUTHWESTERN

Under the leadership of Dr. Edward H. Cary, a group of prominent citizens organized the Southwestern Medical Foundation in 1939 to sponsor medical education and research in Dallas and the entire Southwest. After an initial period of furthering the purposes of the foundation in cooperation with Baylor College of Medicine, and after the announcement of the immediate removal of Baylor to Houston, the Southwestern Medical College of the Southwestern Medical Foundation was formally established in Dallas in 1943.

The majority of the former students and faculty members of Baylor in Dallas preferred to remain in Dallas. The foundation, aided by the generosity of the city of Dallas and the city-county hospital system, obtained the use of a public school building until temporary structures could be erected on the Parkland Hospital grounds. The difficult and seemingly impossible task of obtaining high ranking priority materials, supplies, and equipment for operating an accredited medical school from the stores of a nation at war was successfully performed. This was evidenced by the fact the Council on Medical Education and Hospitals of the American Medical Association and the Association of American Medical Colleges placed Southwestern Medical College on the fully approved list of accredited medical schools during its first year, in 1944.

The citizens of Dallas and the Southwest subscribed funds for operating expenses, land for a building site, and a permanent building. When a new state medical school was proposed, the foundation saw the possibilities of a still greater medical center for North Texas and offered the equipment of the college, its library, and certain restricted funds to the University of Texas provided the University would locate a medical branch in Dallas. After approval of the establishment of a new medical branch of the University of Texas by the Texas Legislature, the Board of Regents, upon the recommendation of the House of Delegates of the Texas Medical Association, accepted this offer of the foundation. Thus, the college, in full operation, became the Southwestern Medical School of the University of Texas in September, 1949, and its future policies are now guided by the Board of Regents of the University of Texas.

The Fifty-Second Legislature provided $2,750,000 for a Basic Sciences Building for Southwestern, which is now under construction, as also is an $8,000,000 new Memorial Hospital provided by the city and county of Dallas on a large site on Hines Boulevard. The current Fifty-Third Legislature is being asked for an additional $3,250,000 for the rounding out of the building program at Southwestern with a Clinical Sciences Building, together with a smaller appropriation for extra facilities needed in the Basic Sciences Building.

Besides using the city-county hospital at Dallas, through a long range agreement, Southwestern utilizes the Veterans Administration Hospitals at McKinney and Lisbon and the other large hospitals in Dallas—Baylor, St. Paul's, Methodist, and Gaston Hospitals. The Children's Medical Center likewise furnishes excellent facilities in pediatrics.

Southwestern Medical School has produced 553 graduates in its first nine years. It admits a total of 100 students each freshman class and has a total enrollment for the current session of 409. Dr. George N. Aagaard is dean.

POSTGRADUATE SCHOOL

The Postgraduate School of Medicine of the University of Texas was officially activated in 1948 and located at Houston in the Texas Medical Center. Its program is designed to provide better educational service to the physicians of Texas and to coordinate medical educational resources of the state. Up to now it has operated through funds provided by grants from the M. D. Anderson Foundation, the San Antonio Medical Foundation, the Shannon Estate in San

Angelo, and the Scott and White Foundation in Temple, and by other gifts and tuition income. The current Legislature is being requested for an appropriation to finance the central operating expenses of the Postgraduate School.

Dr. Roscoe L. Pullen is dean of the Postgraduate School. Divisions have been established at Houston, San Antonio, San Angelo, Temple, Lubbock, Corpus Christi, and Tyler, with active postgraduate work also being sponsored in Dallas and in Galveston under the aegis of the Postgraduate School of Medicine. Many special programs have been given throughout the state.

M. D. ANDERSON HOSPITAL

In 1941 the Texas Legislature authorized a State Cancer Hospital and Division of Cancer Research, to be administered by the University of Texas, for the diagnosis, teaching, study, prevention, and treatment of neoplastic and allied diseases. Established in 1942 in Houston through the generosity of several grants from the M. D. Anderson Foundation, the M. D. Anderson Hospital for Cancer Research of the University of Texas provides a central facility for the collection, evaluation, and dissemination of knowledge of malignant diseases. This is of primary importance to the cancer control program of Texas.

The institution's three principal activities are education, research, and patient care in the field of malignant disease. The hospital has been operating in temporary quarters on Baldwin Street, but there is nearing completion one of the most unusual cancer hospitals in the entire nation in the Texas Medical Center. The hospital will have a total of 310 beds, of which 150 are to be self supporting. Facilities for outpatients, clinical education, and research have been greatly increased and the hospital will offer the acme in cancer research and therapeutics. Dr. R. Lee Clark, Jr., is the director of the M. D. Anderson Hospital for Cancer Research and has gathered around him a staff of experts in cancer research and treatment.

POSTGRADUATE ACTIVITIES

Of the approximately twelve postgraduate medical assemblies in the United States carried on by active physicians, three are located in Texas, namely, the Dallas Southern Clinical Society, which meets each March; the Postgraduate Medical Assembly of South Texas at Houston, which meets each July; and the International Postgraduate Medical Assembly of Southwest Texas in San Antonio, which meets each January. The general plan of work is similar: a number of internationally known medical teachers take part in discussions aimed at bringing the latest advances in medicine and surgery, with a concentrated three or four days' program. The Dallas group has also offered some special postgraduate courses on selected topics throughout the year.

The Tarrant County Medical Society sponsors a cancer program each year, as also does the Wichita Falls group. Physicians in El Paso cooperate with the physicians in New Mexico in an annual postgraduate meeting.

In recent years, the Council on Medical Education and Hospitals of the Texas Medical Association has taken as one of its major responsibilities the sponsorship of postgraduate activities for practicing physicians of the state. Telephone postgraduate broadcasts were selected as one facility for reaching smaller groups over the tremendous territory of the state. Three such programs were given in 1952 with a telephone hookup of 2,200 miles, serving approximately fifty-five groups per program. For 1953 programs were given in February and March and additional programs will be given in October and November. Recordings are made of each program and are available from the Association at Austin for any scientific group which may wish to use them.

The physician is a student of medicine from the day he enters medical school until he retires from active practice. Texas physicians can look with pride upon the various facilities available for undergraduate, graduate, and postgraduate education.

1108 Medical Arts Building.

PRIMITIVE THERAPY: WHITE MAGIC

The common point of convergence of all medical folklore is the notion that spirits or other supernatural agencies are the efficient causes of diseases and death. Primitive medicine is inseparable from primitive modes of religious belief....

It is highly probable that in all primitive societies the priest, the magician and the medicine man were one and the same, and that the powers ascribed to these ranked with courage and the sword as a means of securing leadership or kingship. As these functions became more specialized and differentiated, religion became the exclusive belief in and worship of some universal power greater than man himself; magic, a special set of processes within the power of man whereby he sought to predict and control natural phenomena, usually to wreak evil and in opposition to the will of the god of gods; and medicine, the attempt to direct and control those natural phenomena which produce disease and death in man.... Black magic was concerned in producing drouth, famine, disease, death, or other evils; white magic, in averting these or in such positive good as rain-making, fire-making or promotion of vegetation. Primitive therapy, therefore, became a mode of white magic.—Excerpts from Rice, S. P.: Some Quotations on History of Medicine, Texas State J. Med. *15*:40 (June) 1919.

A Century of Progress in the Laws of Texas Relating to Medicine and Public Health

PHILIP R. OVERTON, LL.B., Austin, Texas

THE organization of the Texas Medical Association early in 1853 was the beginning of a century of great progress in the laws relating to medicine directly, and the laws which directly or indirectly regulate matters relating to the health and welfare of Texans. It is notable that all the laws which have proved their usefulness in connection with health matters in the state have been either sponsored or supported by this Association, and, for this reason, it is only fitting that such laws be briefly discussed in any résumé of a centennial progress report of the Association.

MEDICAL PRACTICE

Nearest to the heart of the individual member of the Association is the body of statute law built up since 1875 and relating directly to medicine. The year 1875 is the date of the present Constitution of Texas, and all present laws governing the practice of medicine grew out of the constitutional authorization to regulate medical practice which became a part of the paramount law of the state at that time.

Before the Constitution of 1875, the practice of medicine had been regulated by the Republic of Texas, which in 1837 had enacted a law regulating the practice of medicine by setting up a board of medical censors. This law was repealed, along with the other laws of the Republic of Texas, by a general repealing law passed by the Second Legislature of the State of Texas in 1847. The new state overlooked the fact that no law regulating medical practice was on the statute books of the state for some twenty-six years, through the Mexican War, Civil War, and part of the Reconstruction Period. Finally, in 1873 the Legislature woke up after the bitterness and laxity of the Reconstruction Period to pass a law regulating the practice of medicine. It set up a board of examiners in each county and prohibited practice without either a degree from a reputable medical school or a certificate from a board of medical examiners.

In 1875, as stated earlier, the new Constitution expressly recognized the necessity for minimum qualifications for medical practitioners. Article 16, Section 31 of the Texas Constitution says, "The Legislature may pass laws, prescribing the qualifications of practitioners of medicine in this State, and to punish for malpractice, but no preference shall ever be given by law to any schools of medicine." The wisdom of the men who drafted this Constitution is apparent to anyone who reads the provision quoted above with more than casual interest. It recognized the need for a system of qualifying practitioners, and at the same time clearly foresaw the rise of many offshoots of the medical profession, and by inference put them on the same basis so far as qualifications are concerned. In this day of dietary fads, health cults, and numerous other "branches of the healing art," it is obvious that those who wrote the Constitution of 1875 builded better than they knew.

The next year, following the authorization set out in the Constitution, the Legislature passed an act which accomplished two purposes—it repealed the law of 1873, earlier described, and substituted a law under which each district court of the state appointed a board of medical examiners, consisting of three doctors licensed under the law of 1873. All doctors certified by this board were required to register with the district clerk. The subjects upon which the hopeful aspirants were examined would be extremely rudimentary today, but at that time the examination was rather extreme in its thoroughness and severity. A penal provision providing a stiff fine for unauthorized practice was included in 1876, and amended in 1879 to include "offer and attempt to practice," as well as actual unauthorized practice.

The practice of medicine under the law of 1876 continued for some twenty-five years without change, until in 1901 the Legislature repealed all existing laws on the subject and forced a division of the profession into three branches with a separate board to examine each. One was the Board of Medical Examiners; the second, the Board of Eclectic Examiners; and the third, the Board of Homeopathic Medical Examiners. Probably no other law in the history of medicine during the past century has been so complicated. Had it not been for the division of medicine into three branches, the law of 1901 would have had substantial similarities with the present Medical Practice Act.

In 1907, the Texas Medical Practice Act was passed by the Legislature, and it is this law, as amended, that the physicians of today practice under. Originally, the act set up an eleven member board, the members serving two years. The 1907 law has been amended in 1915, 1919, 1921, 1923, 1931, 1939, 1949, and 1951, and is presently the result of all the amendments as worked into the law of 1907—like the pattern of a patchwork quilt. In spite of this, whenever the Legis-

lature is faced with a law pertaining to regulation of any trade or profession, it is common for it to ask what the Medical Practice Act provides to meet similar circumstances.

PUBLIC HEALTH

In addition to the laws relating to the regulation of medicine, it is obvious that in the last century all allied fields, including public health, have enjoyed a great amount of progress. It well can be said that most such worth-while laws have been the result of patient work and careful planning among many groups. In the forefront, the Texas Medical Association has either sponsored or endorsed most of such laws.

Let us, for example, look at the field of public health, as administered under the laws of this state by state agencies. Like medicine in the interim between the end of the Republic and the end of the Civil War Reconstruction Period, no action was taken by the Legislature to safeguard the public health by means of a state agency. Again the Constitution of 1875 evinced an intent by its framers that the health of the people be well served. In Article 16, Section 32, the Constitution stated that "The Legislature may provide by law for the establishment of a Board of Health and Vital Statistics, under such rules and regulations as it may deem proper." For a number of years, the constitutional provision was not implemented by the Legislature. In 1909, the Legislature finally acted upon the constitutional permission to establish a State Board of Health and created a six-member board. This was a rather sketchy law considered with present laws on the subject.

There were additions and amendments to the original law setting up the Board of Health, both in 1913 and 1917, after which it remained practically the same until 1927, when the present Department of Health, composed of a six-man board and a state health officer with his staff as two distinct divisions, came into being. The board was changed to a nine-member board in an amendatory act in 1931. Under the original organization in 1927, the six-man board was supplemented by the state health officer, who was chairman of the board with the power to break tie votes in any instance not relating to his own election as health officer. The 1931 amendment to the organization of the board made the health officer an ex-officio member of the board, with no vote under any circumstances. The cooperative powers of the Board of Health with the federal government have been granted subsequent to the effective date of the original act in 1927.

The physical restoration program for crippled children was not placed in the hands of the Department of Health until 1945, when it was taken from the Vocational Rehabilitation Department of the Department of Education. In 1947, this portion of the Health Department law was amended to make available to the physical restoration of crippled children some of the funds of eleemosynary institutions for the Health Department's program.

A sizable part of the powers granted the Board of Health in the original act of 1909 was retained without repeal by the act of 1927. Among those powers were the right to inspect public buildings, restaurants, slaughterhouses, or any other place where necessary to discover and suppress disease; to make investigations, such as the determination of nuisances; to check water supply; or to investigate sanitary conditions, with full power to administer oaths and summon witnesses. The 1909 provisions for county and city health officers, their duties, removal and the like remained the same.

The duties and powers of the Health Department built steadily during the latter part of the one-hundred-year span with which we are concerned, and the brief résumé of the Department of Health law given in preceding paragraphs does not present the full picture. Many laws are closely related, such as the quarantine regulations passed in 1891, primarily designed to help fight yellow fever epidemics, and are almost interdependent so that it seems an almost sinful omission to leave out the related laws.

For instance, the Pure Food and Drug Division of the Board of Health was created in 1911 and was administered by the Board of Health under the 1909 law. In 1927, when the Department of Health was created, the Food and Drug Division was transferred to the Department of Health under the state health officer, instead of the director of the division, as was provided in the act of 1911. All of the general powers and duties given the director under the 1911 law have been turned over to the health officer, but the general powers and duties have remained the same. There are four exceptions. In 1923, the Legislature felt it necessary to meet the "selfrising flour" fad with an amendment to the Food and Drug Law which set minimum requirements of purity. In 1943 the trend toward "enrichment" of flour and bread and the growth of oleomargerine as a butter substitute prompted amendments to the law to set up standards of quality to be met. In 1945 the tainted meat and horse meat scandals created the need for a meat inspection law, which was added. This division has grown rapidly in recent years, and with it have grown the powers and duties of the state health officer.

Also in 1911, the Sanitary Code of the state was passed by the Legislature. It has been amended sev-

eral times. In 1917 parts of the code were amended, and with the establishment of the Department of Health, it was again amended in 1927 to place certain portions under the supervision of the state health officer.

The Sanitary Code consists of Article 4477, Revised Civil Statutes, 1925, which enacts a comprehensive set of rules which cover four major subjects and divisions. They are Quarantine and Disinfection, Vital Statistics, Depots, Coaches and Sleepers, and Transportation of Dead Bodies.

With the growth of the law concerning public health, a tremendous load is being increasingly shifted to the Department of Health. As the laws grow increasingly comprehensive, the duties and powers of the Health Department will become progressively greater. In this field, particularly, it is clear that the laws will continue to progress well into the second century of existence of the Medical Association.

OTHER HEALTH LAWS

One of the major triumphs achieved in the steady progress of legal safeguards to the health of Texans was the passage in 1949 of the Basic Science Act, which sets minimum educational standards for all persons, in or out of the medical profession, who hold themselves out to cure or alleviate human ailments. This law was the brain-child of the Texas Medical Association, and was sponsored and fought for by the Association. Every field of practice in the healing arts was favorably affected by the imposition of minimum standards by this law. Only slightly amended in 1951, the Basic Science Act, insofar as its short span of effective operation has shown, has been an effective safeguard to the health of the people of Texas and has caused a considerable increase in the quality of examinees for license in all affected fields.

The century has of course seen the licensing of chiropractors and naturopaths, but it is the opinion of a sizable group of the legal profession that these licensing laws are unconstitutional as creating a preference in favor of chiropractic and naturopathy.

In the course of the last few years of the century, a licensing law for dental practitioners has become an actuality and is proving to be of beneficial influence on the quality of dentistry in the state. Originally passed in 1919, the dentistry law has been amended several times, and now has a rather effective board.

The first century of the existence of the Texas Medical Association has seen a tremendous advancement not only in the scientific aspects of medical practice, but also in the laws affecting the profession. It is to be expected that in the second century of the Association's existence the medical laws of the state will be forced to keep in step with scientific advancements.

Capital National Bank Building.

EDUCATION OF PUBLIC FOR BETTER HEALTH

Throughout the years the general public gradually has been awakening to the importance of improving public health, but many of those who should be most concerned with public health still remain indifferent, concluded Dr. W. B. Russ, San Antonio, almost ten years ago.* The people primarily responsible for the health hazards seemed to be ignorant of the conditions surrounding them even then, he believed.

Dr. Russ, who at the time was a member of the Board of Trustees of the Texas Medical Association and regional medical officer of the Office of Civilian Defense, addressing health officers in 1944 stated, "The community can not deal successfully with poverty, crime or disease unless the individuals who make up the community have the intelligence to understand and the willingness to accept responsibility for dealing with community problems."

He continued, "The medical profession is no more responsible for control of disease than are lawyers for the control of crime, nor business men for poverty, nor teachers for ignorance, nor the ministry for sin. Every man, woman and child has a definite responsibility to contribute his or her part in fighting these destroyers. If the individual citizen would examine himself instead of his brother, and undertake to reform himself and his family rather than his neighbors, most of our community problems would promptly disappear and many of our politicians would develop into statesmen. No agency of the Government—federal, state, or local—and no community organization, not even the medical societies, nor the churches, can impose reforms upon people who are not morally and spiritually willing and able to cooperate in meeting community problems by improving themselves. A country is only as good as the people who compose it."

Dr. Russ suggested as the remedy education followed by intelligent cooperation of all elements in society. "Education, in its broadest sense," he said, "should always begin with a determined and well directed effort to help the backward citizen develop self-respect, self-confidence, and self-reliance. When this foundation is laid, the barrier that separates our people into classes will be broken down, and out of the slums and the desolate rural areas will develop real leaders in community projects."

Believing that public health officers should not be too much discouraged by the apparent lack of interest of the public in their own welfare, Dr. Russ said, "Reform, and education that brings reform, is a slow and painful process, a matter of evolution."

According to Dr. Russ, "Men and women in public health service have a great opportunity to reach the underprivileged and handicapped people and to help them develop a civic consciousness and to build up themselves spiritually, morally and materially."

*Address delivered before the annual Conference of Health Officers and Health Unit Directors, Austin, April 18, 1944, and printed in Texas State J. Med. *40*:56 (June) 1944.

NEWS

COMING MEETINGS AND CLINICS

Texas Medical Association, San Antonio, May 1-5, 1954. Dr. George Turner, El Paso, Pres.; Mr. N. C. Forrester, 1801 Lamar Blvd., Austin, Executive Secy.

American Medical Association, New York, June 1-5, 1953. Dr. Louis H. Bauer, Hempstead, N. Y., Pres.; Dr. George F. Lull, 535 North Dearborn St., Chicago 10, Secy.

NATIONAL AND REGIONAL

American Academy of Allergy, Houston, Feb. 1-3, 1954. Dr. Ben Z. Rappaport, Chicago, Pres.; Dr. Alan G. Cazort, 1425 West 7th St., Little Rock, Secy.

American Academy of Dermatology and Syphilology, Chicago, Dec. 5-10, 1953. Dr. Michael H. Ebert, Chicago, Pres.; Dr. John E. Rauschkolb, 25 Prospect Ave., N. W., Cleveland 15, Secy.

American Academy of General Practice. Dr. R. B. Robins, Camden, Ark., Pres.; Mr. Mac F. Cahal, 406 W. 34th St., Kansas City 2, Executive Secy.

American Academy of Obstetrics and Gynecology, Cincinnati, Dec. 14-16, 1953. Dr. Robert A. Kimbrough, Jr., Philadelphia, Pres.; Dr. C. Paul Hodgkinson, Detroit, Secy.

American Academy of Ophthalmology and Otolaryngology, Chicago, Oct. 12-16, 1953. Dr. Frederick C. Cordes, San Francisco, Pres.; Dr. W. L. Benedict, 100 First Ave. Bldg., Rochester, Minn, Secy.

American Academy of Pediatrics, Miami, Oct. 6-9, 1953. Dr. Phillip Barba, Philadelphia, Pres.; Dr. E. H. Christopherson, 610 Church St., Evanston, Ill., Secy.

American Association for Thoracic Surgery. Dr. Robert M. Janes, Toronto, Canada, Pres.; Dr. Paul C. Samson, 2938 McClure St., Oakland 9, Calif., Secy.

American Association of Genito-Urinary Surgeons, Hot Springs, Va., May 6-8, 1953. Dr. A. J. Scholl, Los Angeles, Pres.; Dr. Norris J. Heckel, 122 S. Michigan Ave., Chicago 3, Secy.

American Association of Obstetricians, Gynecologists and Abdominal Surgeons, Hot Springs, Va., Sept. 10-12, 1953. Dr. Nicholson J. Eastman, Baltimore, Pres.; Dr. William F. Mengert, 2211 Oak Lawn Ave., Dallas, Secy.

American Cancer Society. Dr. Guy Aud, Louisville, Ky., Pres.; Mr. M. R. Runyon, 47 Beaver St., New York, Executive Vice-Pres.

American College of Allergists. Dr. J. Warrick Thomas, Richmond, Va., Pres.; Dr. Fred W. Wittich, 423 La Salle Medical Bldg., Minneapolis 2, Secy.

American College of Chest Physicians, New York, May 28-31, 1953. Dr. Andrew L. Banyai, Milwaukee, Pres.; Mr. Murray Kornfield, 112 E. Chestnut St., Chicago 11, Executive Secy.

American College of Physicians. Dr. T. Grier Miller, Philadelphia, Pres.; Mr. E. R. Loveland, 4200 Pine St., Philadelphia 4, Secy.

American College of Radiology, Chicago, February, 1954. Dr. John D. Camp, Los Angeles, Pres.; Mr. W. C. Stronach, 20 N. Wacker Drive, Chicago 6, Executive Secy.

American College of Surgeons, Chicago, Oct. 5-9, 1953. Dr. Harold L. Foss, Danville, Pa., Pres.; Dr. Michael L. Mason, 40 E. Erie St., Chicago 11, Secy.

American Congress of Physical Medicine and Rehabilitation, Chicago, Aug. 31-Sept. 4, 1953. Dr. Walter M. Solomon, Cleveland, Pres.; Dr. Frances Baker, 1 Tilton Ave., San Mateo, Calif., Secy.

American Dermatological Association, Lake Placid, N. Y., June 9-13, 1953. Dr. Earl D. Osborne, Buffalo, Pres.; Dr. L. A. Brunsting, 102 2nd Ave., S. W., Rochester, Minn., Secy.

American Gastro-Enterological Association, Atlantic City, May 1-2, 1953. Dr. Albert M. Snell, Palo Alto, Calif., Pres.; Dr. H. Marvin Pollard, 1313 E. Ann St., Ann Arbor, Mich., Secy.

American Gynecological Society, Lake Placid, N. Y., June 15-17, 1953. Dr. William P. Healy, New York, Pres.; Dr. John I. Brewer, 104 S. Michigan Ave., Chicago, Secy.

American Hospital Association, San Francisco, Aug. 31-Sept. 3, 1953. Dr. Edwin L. Crosby, Chicago, Pres.; Mr. George P. Bugbee, 18 E. Division St., Chicago, Executive Secy.

American Laryngological, Rhinological, and Otological Society. Dr. Francis E. Le Jeune, New Orleans, Pres.; Dr. C. S. Nash, 277 Alexander St., Rochester 7, N. Y., Secy.

American Neurological Association, Atlantic City, June 15-17, 1953. Dr. Hans H. Reese, Madison, Wis., Pres.; Dr. H. Houston Merritt, 710 W. 168th St., New York 32, Secy.

American Ophthalmological Society, Hot Springs, Va., May 28-30, 1953. Dr. Conrad Berens, New York, Pres.; Dr. M. C. Wheeler, 30 W. 59th St., New York 19, Secy.

American Orthopedic Association. Dr. James Dickson, Cleveland, Pres.; Dr. George O. Eaton, 4 E. Madison St., Baltimore 2, Secy.

American Pediatric Society, Atlantic City, May 6-8, 1953. Dr. Irvine McQuarrie, Minneapolis, Pres.; Dr. Aims McGuinness, 237 Medical Laboratory, University of Pennsylvania, Philadelphia 46, Secy.

American Proctologic Society, Boston, June 10-13, 1953. Dr. Newton D. Smith, Rochester, Minn., Pres.; Dr. Stuart T. Ross, 131 Fulton Ave., Hempstead, N. Y., Secy.

American Psychiatric Association, Los Angeles, May 4-9, 1953. Dr. D. Ewen Cameron, Montreal, Canada, Pres.; Dr. R. Finley Gayle, 6300 Three Chopt Rd., Richmond 21, Va., Secy.

American Public Health Association, New York, Nov. 9-13, 1953. Dr. Wilton L. Halverson, San Francisco, Pres.; Dr. R. W. Atwater, 1790 Broadway, New York 19, Executive Secy.

American Society of Anesthesiologists, Seattle, Oct. 6-9, 1953. Dr. Ralph T. Knight, Minneapolis, Pres.; Dr. J. E. Remlinger, Jr., 188 W. Randolph St., Chicago, Secy.

American Society of Clinical Pathologists, Chicago, October, 1953. Dr. Henry F. Hunt, Danville, Pa., Pres.; Dr. Clyde G. Culbertson, Indiana University School of Medicine, Indianapolis, Secy.

American Surgical Association. Dr. Robert S. Dinsmore, Cleveland, Pres.; Dr. Nathan Womack, Chapel Hill, N. C., Secy.

American Urological Association, St. Louis, May 11-14, 1953. Dr. George F. Cahill, New York, Pres.; Dr. C. H. DeT. Shivers, 121 S. Illinois Ave., Atlantic City, N. J., Secy.

Association of American Physicians and Surgeons, Chicago, Oct. 8-10, 1953. Dr. Charles L. Farrell, Pawtucket, R. I., Pres.; Mr. Harry E. Northam, 360 N. Michigan Ave., Chicago 1, Executive Secy.

International College of Surgeons, U. S. Chapter, New York, Sept. 14-18, 1953. Dr. William R. Lovelace, Albuquerque, N. M., Pres.; Dr. Karl Meyer, 1516 Lake Shore Drive, Chicago, Secy.

National Tuberculosis Association, Los Angeles, May 18-22, 1953. Dr. Sidney J. Shipman, San Francisco, Pres.; Mr. Kemp D. Battle, 1790 Broadway, New York 19, Secy.

Radiological Society of North America, Chicago, Dec. 13-18, 1953. Dr. Ira H. Lockwood, Kansas City, Mo., Pres.; Dr. D. S. Childs, 713 E. Genesee, Syracuse 2, N. Y., Secy.

Southern Medical Association, Atlanta, Ga., Oct. 26-29, 1953. Dr. Walter C. Jones, Miami, Pres.; Mr. C. P. Loranz, 1020 Empire Bldg., Birmingham 3, Ala., Secy.

Southern Psychiatric Association. Dr. R. Burke Suitt, Durham, N. C., Pres.; Dr. Newdigate M. Owensby, Medical Arts Bldg., Atlanta, Ga., Secy.

Southern Surgical Association, Hot Springs, Va., Dec. 8-10, 1953. Dr. I. A. Bigger, Richmond, Va., Pres.; Dr. John C. Burch, 2112 West End Ave., Nashville 5, Tenn., Secy.

Southwest Allergy Forum, Kansas City, Mo., June 14-16, 1953. Dr. Orval R. Withers, Kansas City, Mo., Pres.; Dr. Frederic Speer, 2601 Parallel Ave., Kansas City 4, Mo., Secy.

Southwest Regional Cancer Conference. Secy., 209 Medical Arts Bldg., Fort Worth.

Southwestern Medical Association, Tucson, Ariz., 1953. Dr. Wesley O. Connor, Jr., Albuquerque, N. M., Pres.; Dr. Celso Stapp, 800 Montana, El Paso, Secy.

Southwestern Surgical Congress, Salt Lake City, Utah, Sept. 21-23, 1953. Dr. Louis P. Good, Texarkana, Ark., Pres.; Dr. C. R. Rountree, 1227 Classen, Oklahoma City 3, Secy.

Tri-State Medical Assembly. Dr. Frank G. Thibault, El Dorado, Ark., Pres.; Dr. Albert M. Hand, Le Bonheur Children's Hospital, Memphis 3, Tenn.. Secy.

United States-Mexico Border Public Health Association. Dr. Salvador Molina Velez, Nuevo Leon, Mexico, Pres.; Dr. J. Ellington, 314 U. S. Court House, El Paso, Secy.

STATE

Private Clinics and Hospitals Association of Texas. Dr. S. D. Coleman, Navasota, Pres.; Dr. Neil D. Buie, Marlin, Secy.

State Tumor Clinic. Dr. Bailey R. Collins, 925½ Scott Street, Wichita Falls, Director.

Texas Academy of General Practice, Dallas, Sept. 21-23, 1953. Dr. C. U. Callan, Rotan, Pres.; Dr. Woodson W. Harris, 1410 Nickerson, Austin, Secy.

Texas Academy of Internal Medicine, Houston, December, 1953. Dr. Hatch W. Cummings, Jr., Houston, Pres.; Dr. George M. Jones, 1314 Medical Arts Bldg., Dallas, Secy. Meetings restricted to members.

Texas Air-Medics Association. Dr. George L. Gallaher, Harlingen, Pres.; Dr. J. S. Minnett, 2512 Welborn, Dallas, Secy.

Texas Association of Blood Banks, Fort Worth, Dec. 4-5, 1953. Dr. W. N. Powell, Temple, Pres.; Miss Marjorie Saunders, 3500 Gaston Ave., Dallas, Secy.

Texas Association of Obstetricians and Gynecologists, Waco, 1954. Dr. D. D. Wall, San Angelo, Pres.; Dr. Cary Hiett, 815 Fifth Ave., Fort Worth, Secy.

Texas Chapter, American College of Chest Physicians. Dr. Henry H. Hoskins, San Antonio, Pres.; Dr. Walter C. Brown, 1733 S. Brownlee Blvd., Corpus Christi, Secy.

Texas Club of Internists. Dr. Herbert Hill, San Antonio, Pres.; Dr. Hatch W. Cummings, Jr., 203 Hermann Professional Bldg., Houston, Secy.

Texas Dermatological Society. Dr. Maurice Barnes, Waco, Pres.; Dr. Thomas L. Shields, 1216 Pennsylvania Ave., Fort Worth, Secy.

Texas Diabetes Association. Dr. Raymond L. Gregory, Galveston, Pres.; Dr. E. K. Doak, Medical Arts Bldg., Houston, Secy.

Texas Division, American Cancer Society. Mr. Travis Wallace, Dallas, Pres.; Mr. J. Louis Neff, 1609 Colorado, Austin, Executive Director.

Texas Heart Association. Dr. Joseph McVeigh, Fort Worth, Pres.; Miss Roberta Miller, 412 Fidelity Union Life Bldg., 1511 Bryan St., Dallas, Executive Secy.

Texas Hospital Association, Galveston, May 12-14, 1953. Mr. Carroll H. McCray, Tyler, Pres.; Mrs. Ruth Barnhart, 2210 Main St., Dallas, Secy.

Texas Neuropsychiatric Association. Dr. James Blair, San Antonio, Pres.; Dr. John L. Otto, John Sealy Hospital, Galveston, Secy.

Texas Orthopedic Association. Dr. Ed Smith, Houston, Pres.; Dr. Margaret Watkins, 3629 Fairmount St., Dallas, Secy.

Texas Pediatric Society, Corpus Christi, October, 1953. Dr. J. A. Bybee, Beaumont, Pres.; Dr. M. C. Carlisle, 1410 Austin Ave., Waco, Secy.

Texas Public Health Association. Mr. H. E. Drumwright, Dallas, Pres.; Mr. Earle W. Sudderth, Dallas County Health Department, Court House, Dallas, Executive Secy.

Texas Radiological Society, Dallas, Jan. 29-30, 1954. Dr. J. E. Miller, Dallas, Pres.; Dr. R. P. O'Bannon, 650 Fifth Ave., Fort Worth, Secy.

Texas Railway and Traumatic Surgical Association. Dr. Everett Lewis, Houston, Pres.; Dr. W. D. Marrs, 306 Broadway, Fort Worth, Secy.

Texas Rheumatism Association. Dr. Robert H. Mitchell, Fort Worth, Pres.; Dr. Charles H. Cornwell, Marlin, Secy.

Texas Society for Mental Health. Mr. William Grant, Jr., Baytown, Pres.; Mrs. Elizabeth F. Gardner, 2504 Jarratt Ave., Austin 21, Executive Secy.

Texas Society of Anesthesiologists. Dr. John F. Winter, San Antonio, Pres.; Dr. C. R. Allen, John Sealy Hospital, Galveston, Secy.

Texas Society of Gastroenterologists and Proctologists. Dr. Cecil O. Patterson, Dallas, Pres.; Dr. W. T. Arnold, 1402 Hermann Prof. Bldg., Houston, Secy.

Texas Society of Ophthalmology and Otolaryngology, Fort Worth, Dec. 4-5, 1953. Dr. Dan Brannin, Dallas, Pres.; Dr. Lyle Hooker, 627 Esperson Bldg., Houston, Secy.

Texas Society of Pathologists. Dr. A. O. Severance, San Antonio, Pres.; Dr. Lloyd R. Hershberger, Shannon Memorial Hospital, San Angelo, Secy.

Texas Surgical Society. Dr. George W. Waldron, Houston, Pres.; Dr. Albert W. Hartman, 414 Navarro St., San Antonio 5, Secy.

Texas Tuberculosis Association. Dr. R. G. McCorkle, San Antonio, Pres.; Miss Pansy Nichols, 208 E. Ninth, Austin, Executive Secy.

Texas Urological Society, Galveston, June 28-29, 1953. Dr. R. E. Cone, Galveston, Pres.; Dr. Ray M. Morgan, Jr., Hermann Hospital, Houston, Secy.

DISTRICT

First District Society, Pecos, February, 1954. Dr. John W. O'Donnell, Alpine, Pres.; Dr. H. D. Garrett, First National Bldg., El Paso, Secy.

Second District Society, Sweetwater. Dr. T. D. Young, Sweetwater, Pres.; Dr. Francis Hood, Sweetwater, Secy.

Third District Society, Amarillo, April 13, 1954. Dr. Robert A. Neblett, Canyon, Pres.; Dr. James T. Hall, 1626 Fifteenth St., Lubbock, Secy.

Fourth District Society, Brownwood, Fall, 1953. Dr. Lloyd R. Hershberger, San Angelo, Pres.; Dr. Paul M. Wheelis, Brownwood, Secy.

Fifth and Sixth Districts Society, Corpus Christi, July 10-11, 1953. Dr. Y. C. Smith, Sr., Corpus Christi, Pres.; Dr. Robert J. Sigler, 1126 Third Street, Corpus Christi, Secy.

Seventh District Society, Austin, June, 1953. Dr. D. B. Faubion, Austin, Pres.; Dr. Benjamin Clary Bates, 403 W. 18th St., Austin, Secy.

Eighth District Society, Fall, 1953. Dr. Andrew S. Tomb, Victoria, Pres.; Dr. George E. Glover, Jr., Victoria, Secy.

Ninth District Society. Dr. George D. Bruce, Baytown, Pres.; Dr. Lyman C. Blair, 1212 Rothwell, Houston, Secy.

Tenth District Medical Society. Dr. Peyton C. Clements, Lufkin, Pres.; Dr. Edmund D. Jones, 2575 South, Beaumont, Secy.

Eleventh District Society. Dr. Roscoe Moore, Mineola, Pres.; Dr. Marlin T. Braswell, Henderson, Secy.

Twelfth District Society, Cameron, July 14, 1953. Dr. Howard Dudgeon, Jr., Waco, Pres.; Dr. Walter B. King, Jr., Waco, Secy.

Thirteenth District Society, Wichita Falls, June 3, 1953. Dr. R. E. Gowan, Graham, Pres.; Dr. Robert D. Moreton, 815 Medical Arts Bldg., Fort Worth, Secy.

Fourteenth District Society, Gainesville, June 9, 1953. Dr. W. P. Philips, Greenville, Pres.; Dr. L. W. Johnston, 502 W. College St., Terrell, Secy.

Fifteenth District Society. Dr. D. R. Baber, Daingerfield, Pres.; Dr. P. A. Reitz, Pittsburg, Secy.

CLINICS

Dallas Southern Clinical Society, Dallas. Miss Betty Elmer, Medical Arts Bldg., Dallas 1, Executive Secy.

Central Texas Spring Clinic. Dr. Walter B. King, 2320 Columbus Ave., Waco, Secy.

International Medical Assembly of Southwest Texas. Dr. John M. Smith, Jr., 205 Camden St., San Antonio, Secy.

New Orleans Graduate Medical Assembly. Dr. Woodard D. Beacham, Room 103, 1430 Tulane Ave., New Orleans 12, Secy.

North Texas-Southern Oklahoma Fall Clinical Conference, Sept. 16, 1953. Dr. C. H. Wilson, Wichita Falls, Chairman.

Oklahoma City Clinical Society Conference. Mrs. Muriel R. Waller, 512 Medical Arts Bldg., Oklahoma City 2, Executive Secy.

Postgraduate Medical Assembly of South Texas, Houston, July 20-22, 1953. Dr. C. A. Dwyer, Secy., 229 Medical Arts Bldg., Houston.

DOCTOR DRAFT BILL BEFORE CONGRESS

A bill for amending and extending the present doctor draft law (Public Law 779), which is due to expire July 1 of this year, has been presented in Congress. It is expected that this bill, S. 1531, or some modification of it will be passed within the next several weeks.

S. 7531 would continue the four priority groups provided for under the present law, would give service credit for co-belligerents of World War II, would retain twenty-four months as the required period of service, would keep the maximum induction age at 51 years, would make liable for recall men who have served less than one year since June 25, 1950, and would make aliens subject to service.

Until September, 1950, when Public Law 779 was enacted, the members of the medical profession had responded voluntarily to the needs of the government for its military personnel. As a result of the Korean conflict, Public Law 779 was passed to provide for an orderly manner of calling doctors into service to meet the increased needs of the military forces without stripping the civilian population of medical care.

AEROMEDICINE RECOGNIZED AS SPECIALTY

Aeromedicine was recognized officially in February by the American Medical Association as a distinct specialty. Aeromedical practice, teaching, and research will be supervised by the American Board of Preventive Medicine.

Distinguished specialists in the field will be eligible for certification until July, 1954, without taking an examination, reports the March 21 issue of *The Journal of the American Medical Association*. To be eligible for this "Founders Group," a physician must have attained high academic rank or have given outstanding professional service in aviation medicine for at least ten years. In addition to the usual requirements for certification, a medical degree from an approved school, internship in a recognized hospital, two years of graduate study, a two year residency, and not less than two years of teaching or practice, the aeromedical specialist must participate in "regular and frequent" aerial flights.

Harris County Cancer Citation

The board of directors of the American Cancer Society awarded one of six national cancer crusade citations to the Harris County unit for its educational crusade of 1952.

MEDICAL ECONOMICS: THEN AND NOW

A doctor in the Southwest earns more on the average than his colleague in New England, but less than another in the Far West, according to the December, 1952, *Medical Economics*. The *Medical Economics* survey, based on physicians' incomes in 1951,* revealed that the median net income for Texas was $14,147.

Times have not always been this good. Many Texas practitioners can recall when the pioneer physician in an isolated community was the poorest paid (and often last paid) of any man. So bad did the situation become for some that they were forced to earn a living in other ways, as druggists, storekeepers, farmers, schoolteachers, or followers of other trades or professions.

Early Days of Statehood

The Texas physician in the early days of statehood was a far cry from his modern-day counterpart in educational background and professional training. By 1857 there were only fifty-five medical colleges in the United States, and the first medical school in the state was not to be founded until nine years later. Although some doctors in the state were graduates of recognized medical colleges and universities of Europe and the United States, many still fitted themselves for their profession by "reading medicine" with an established practitioner or serving an apprenticeship.

If a young man was determined to pursue medical studies at a teaching institution, however, cost usually did not prevent him. The entire cost per term at American medical schools (lasting from twelve to twenty weeks), including room and board, varied between $100 and $200. Dr. Anson Jones, the last President of the Republic of Texas, had obtained his postgraduate medical education in the then struggling, new Jefferson Medical College in Philadelphia for about $90 a year. In 1833 he began his medical career in Texas with $17 in cash, $50 in drugs, and $2,000 worth of debts; by the end of 1834 he had a practice equivalent to $5,000.†

It is hard to make comparisons between incomes and expenses then and now for several reasons. Money was scarce and not standardized; the use of Mexican, and later United States and Confederate, coin and currency makes it hard to estimate medical fees about the middle of the nineteenth century. Barter was common and it was often the doctor's lot to be paid in sorghum syrup, livestock, grain, or whatever else the patient had in abundance, even during the Civil War and Reconstruction.

Until long after Reconstruction Days, there were no medical specialties as such in Texas. The general practitioner had to be internist, surgeon, obstetrician, and veterinarian, in addition to performing many other duties of the moment. Specialization developed only gradually. It was not until late in the second half of the century that Texas doctors began to limit their practices to a specific field.

During the earliest days of the Republic some of the larger Texas communities were organizing medical societies, and in the light of present-day economic conditions (even without being able to make exact comparisons) their suggested fee schedules are interesting.

The Medical and Surgical Society of Houston in 1838 set the first house call at $5 and each succeeding visit at $3; after 8 p. m., the charges were to be doubled in all cases. For visits outside city limits an extra charge of $1 per mile during the day and $2 per mile during the night was made. The charge for office advice and a prescription was $5. Venesection was $2 extra, and cupping $5 extra. For ordinary cases of natural labor $40 was charged. This fee schedule was revised upward in 1840.

Elsewhere in Texas, Matagorda doctors were charging $5 for day visits and $10 for night calls, $2 for bleeding, and $5 for cupping. Labor cases were $30. Gonzales doctors did not fare quite so well, getting only $1 for a day visit and $2 at night, $10 for an obstetrical case during the day and $15 at night. A doctor of Washington-on-the-Brazos in 1842 announced his fees to visit in town in day time $1.50 and by night $2.

Despite the fact that fees charged by Texas doctors in general were comparable to those elsewhere in the United States, citizens of Brazos County, in a petition to Congress in 1843, sought relief from what they considered exorbitant charges by physicians in the area. The average physician in the state received $500 or less as annual income.

Even with this meager income, as judged by today's standards, the frontier doctor managed because of the small initial outlay for medical equipment and supplies, plus his low operating expenses. As already indicated, medical education did not prove the expensive investment it does today. Often the beginning doctor carried his "office," including a "drugstore," when he rode a horse into the town he had chosen as home. In his saddlebags might be a few items of the crudest of medical equipment and the standard armamentarium of medicine of the day, consisting primarily of drugs such as quinine, turpentine, castor oil, calomel, opium, ipecac, and rhubarb. The professions of medicine and pharmacy then were almost indivisible.

Transportation was almost primitive and roads poor, in fact nonexistent in parts of the state. The physician was spared the expense of telephone, automobiles, and many conveniences considered "necessities" by the modern practitioner. Authentic medical journals in Texas had not yet been established, and few out-of-state periodicals were available. However, Texas newspapers carried medical information both for the physician and his patient on a varied number of subjects, such as baldheadedness, corns, tobacco and heart disease, bathing, overfeeding, wearing flannels, tomatoes as food, and effects of night air.

Salaries for doctors' assistants were not the costly factor that they are today. Much of the surgery was performed in the home, with friends or relatives serving as anesthetist, nurse, and assistant to the surgeon. For the first anesthetic, given in Georgia in 1842, a bill of 25 cents for the sulfuric ether and $2 for the surgical fee was rendered. First to introduce anesthetics into Texas was Dr. George Cupples, who served as the second president of the Texas Medical Association. There were few hospitals (although as early as 1837 there was a hospital in Houston) and those in existence had few facilities. The first Texas hospital to persevere to the present day, St. Mary's Infirmary, was founded in Galveston in 1866.

Thus, it can be seen that the Texas doctor about the time of the founding of the Association was not too prosperous. Nevertheless, in his presidential address given November 15, 1853, Dr. Cupples disavowed that the Medical Association of Texas was established for the purpose of raising fees or of securing a monopoly.

**Material on the 1951 survey appearing here and throughout the paper was published in* Medical Economics, *November, 1952, pp. 85-99; December, 1952, pp. 71-87; and January, 1953, pp. 85-97.*

†Nixon, P. I.: The Medical Story of Early Texas, San Antonio, Mollie Bennett Lupe Memorial Fund, 1946. Subsequent description of economic conditions in the early part of Texas' statehood are taken primarily from this book.

The Twentieth Century

At the turn of the century the Texas medical practitioner, although in considerably better circumstances as far as medical education, hospital facilities, and conveniences like telephones and automobiles were concerned, was still not too happy about his economic lot. In 1907 Dr. I. C. Chase of Fort Worth, the Secretary of the Association, published in the TEXAS STATE JOURNAL OF MEDICINE the results of a survey made among 3,317 practitioners in seventy-nine Texas counties.* Of these, 55 per cent reported they were making a bare living; 45 per cent managed to save something. The highest medical income reported in the state was $40,000, but the average income was only $1,873, the average expense $1,301, and average annual savings $572.

From a list of the fee bills of doctors in eighty-nine counties and cities in Texas, Dr. Chase made the following analysis: 20.2 per cent made day visits for less than $2, 78 per cent made night visits for less than $4, 15.6 per cent reported no charge for office prescriptions and 2.2 per cent wrote them for less than $1, 88 per cent reported the charge for complete physical examination as $5 or less, and 57.3 per cent reported an obstetric fee of $10, 21.3 per cent of $15, and 15.7 per cent of more than $15.

Dr. Chase observed that in actual money professional fees had remained the same for seventy years, while expenses had gradually increased and the purchasing power of money had gradually decreased. He stated that the average income of physicians was little more than the income of mechanics. Predicting a brighter economic future, however, he believed that the Association "is already powerful enough . . . to watch over and guard business, professional and scientific interests of the profession."

Medical schools were growing in number and quality, and costs of medical education began to reflect this progress. During the nineties and the first decade of the new century inhabitants of Dallas and Fort Worth saw the founding of several medical schools which were to evolve into two present-day teaching institutions. In 1900 the University of Texas School of Medicine, which had been founded in Galveston only nine years previously, established a four-year course of study. By 1910 the average tuition fee per student at this institution was $118 a year.† At the beginning of the century nineteen hospitals in Texas had been registered by the American Medical Association. The first school of nursing south of St. Louis, the John Sealy College of Nursing, was opened in Galveston in 1890.

With the development of research facilities in medical colleges and other centers, a greater degree of specialization was becoming evident. Committees, later called sections, in the various specialty fields formed in the State Association reflected this growing trend.

Transportation was improving rapidly; the horse and buggy were beginning to be supplanted by the automobile in town. One West Texas doctor, who served as a railroad physician, recalled riding in a switch engine to reach a patient in an emergency and, in another instance, having to pump a handcar back to town. Often he would catch a ride on a freight train, not knowing whether there would be a horse and buggy at the end of the trip to bring him back.

Telephone exchanges had been established in the larger communities, and certain ranches in the western part of the state had telephone service, the lines being run on barbed wire fences. In Waco even after the advent of the telephone, a "slate service" was offered by the drugstores for the doctors.* Messages for the individual physician were written on the slate, and he in turn left word where he was going and when he expected to return. A few doctors were beginning to employ an "office girl" to answer the telephone.

In Waco many doctors still had offices in their homes, although a few were establishing offices over or in the back of a drugstore. In some instances the druggist paid the doctor's office rent. Women were examined in their homes, and it was unthought of that a lady should go to a physician's office; if it was necessary for her to go to town for medical care, examination was performed in a hotel room.

The original constitution and by-laws of the Waco Medical Association of 1866 had included a fee schedule specifically declaring that all fees must be paid in "specie" or its equivalent. A wide lattitude in charges was evident, as may be been by two of the charges: for office advice and prescription from $1 to $50, and for obstetric service from $20 to $200. By 1919 a McLennan County Medical Society fee schedule set charges for a visit earlier than 9 p. m. at $3.50 and an obstetric fee at $35; these fees were suggested as a working basis and not to be considered as a violation of the Sherman Anti-Trust Law.†

In 1923 Dr. Holman Taylor, editor of the JOURNAL, wrote at length on medical economics.‡ Although the cost of living had increased 72 per cent in twelve years, he noted that doctors' fees had remained unchanged and often uncollected. It was his opinion that the doctor should be a good enough businessman to send bills regularly and should show reasonable expectation of making fair collections. Having made these collections, the physician (Dr. Taylor believed) should learn early the difference between investments, speculations, and gambling; the doctor "should first make himself reasonably secure by well selected investments, and then seek by approved speculation to increase his financial status beyond that. Any gambling he desires to do should be done with surplus money."

By 1926 the average tuition fee per student at the University of Texas Medical Branch had risen to $274 a year, and some schools were charging as much as $525, causing great concern about the rising cost of medical education. However, the average expenditure by the schools per student was about three times the average fee paid by the student.§

The 1929 Survey

In 1932 Leven published a comprehensive study of the incomes of physicians, based on 1929 figures,|| using four main sources of information: (1) community surveys made by the Committee on the Costs of Medical Care, (2) a survey of physicians' incomes in the United States made by the American Medical Association, (3) approximately 6,000 schedules obtained especially for his study from physicians representing practically every type of community in the United States, and (4) data from federal income tax returns.

The average net income of physicians in 1929 he estimated to be $5,300. However, in that year (considered to be an unusually prosperous one) one-half of the physicians had incomes of scarcely more than $3,800, one-fourth incomes

*Chase, I. C.: Secretary's Report, Trans. State Medical Association of Texas, Texas State J. Med. 3:62-65 (June) 1907.

†Nixon, P. I.: History of Texas Medical Association, 1853-1953, Austin, University of Texas Press, 1953, p. 335.

*Wilkes, W. O.: Waco Medical Association and Reminiscences, Waco, Printed by the author, 1931. Subsequent description of medical practice as it existed in Waco about this time was taken from this reference.

†Nixon, P. I.: History of Texas Medical Association, 1853-1953, p. 309.

‡Ibid., p. 322.

§Ibid., p. 335.

||Leven, M.: Incomes of Physicians, Chicago, University of Chicago Press, 1932.

of less than $2,300, and 15 per cent less than $1,500. Thus, one Texas rural practitioner who had charges of about $2,300 with collections of $800 in 1929 and charges of about $1,800 with collections of $350 in 1930 commented, "I have not collected enough to meet expenses." It was observed by Leven that physicians as a class collected little more than four-fifths of their charges. Even in 1929 their collections amounted to only about 81.5 per cent of the amount charged to patients.

At the other end of the scale, approximately 12 per cent of physicians in 1929 reported net incomes of more than $10,000 and about 2 per cent of more than $20,000. Leven noted the wide disparity between the comparative incomes of general practitioners and specialists and noted also that approximately 40 per cent of the 6,328 physicians who reported in the A.M.A. survey limited their practice to a specialty. During the depression the general practitioner was hardest hit, he believed.

In 1929, as in later years, it was observed that the best location for the general practitioner was not the large city but the moderate-sized community. In rural communities the median net income of general practitioners was approximately $2,400, in cities of more than 1,000,000 population it was $3,300, and in other cities it ranged between $3,800 and $4,500.

Despite the fact that he published no statistics on doctors' expenses, Leven concluded that their incomes were adequate, judged on the basis that the supply of physicians was being maintained in spite of constantly rising standards of education and training. He pointed out that fully 39 per cent of fees collected were consumed by expenses of practice such as rent, assistants' salaries, and transportation. He also acknowledged that "the cost of building up a practice is essentially one of idle time. Apparently, from 7 to 8 years are normally required for the new practitioner to become fully established. For the average physician it will be recalled, the total amount of such non-productive time has been placed at the equivalent of at least two full years. This fact, too, indicates a large volume of potential saving."

The year 1929 was important as far as medical economics in Texas was concerned from another standpoint; the first voluntary hospital insurance program in the nation was developed in Dallas. This movement has gained momentum until in January of this year, 90,000,000 persons in the United States were reported to have some form of health insurance.

Present-Day Surveys

Besides the survey made by *Medical Economics,* already mentioned, Weinfeld of the United States Department of Commerce reported in 1951 on a nation-wide survey of physicians' incomes for the period 1929-1949 made jointly by the Department and the Bureau of Medical Economic Research of the American Medical Association.* In general, both surveys led to the same conclusions.

The chief differences in the two surveys lie in the size of the sampling (about 5,000 physicians for the former, 55,000 for the latter). Weinfeld's study excluded interns, residents, and teachers. He noted in his survey that 4.1 per cent of those reporting were women. According to the 1940 Census, 4.6 per cent of physicians in practice were women, a percentage that had shown little change in the preceding forty years.

Both surveys showed that the gap between the earnings of the specialist and general practitioner have closed to a great extent in recent years. *Medical Economics* reported that in 1943 the general practitioner netted little more than one-half as much as the average specialist, whereas in 1951 he netted about four-fifths as much. From 1929 to 1949, the income gap between independent general practitioners and "full" specialists was halved, according to Weinfeld.

The first *Medical Economics* survey made in 1928 (fig. 1), which has been followed by six others, revealed the independent doctor's net income to be $5,806; it reached a low of $3,792 in 1935, and zoomed to an all-time high of $15,262 in 1951. Consistently, expenses showed the same trend, being $3,523 in 1928; $2,528 in 1935; and $9,508 in 1951. A breakdown of major expenses for 1951 is office salaries $2,689; drugs and supplies $1,966; office rent $1,149; automobile upkeep $882; instruments and equipment $661; and miscellaneous $2,161.

The average net income of the general practitioner was greater in communities of between 5,000 and 50,000 and greater if he had been in practice between ten and nineteen years, according to the *Medical Economics* study. Collections proved more of a problem for him than the specialist; he collected only about 85 per cent of his accounts in comparison to 88 per cent for the specialist. He averaged sixty-

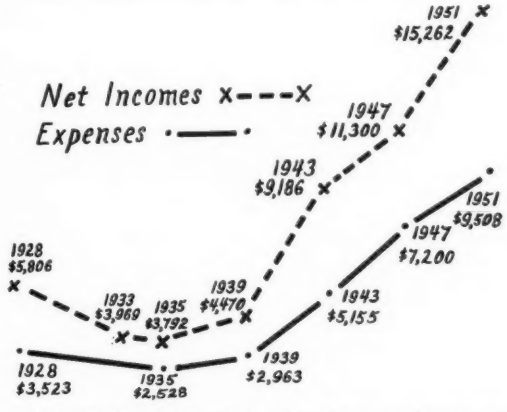


FIG. 1. Graph comparing physicians' net incomes and expenses in the seven surveys made by *Medical Economics* between 1928 and 1951. Adapted by special permission from graphs appearing on page 73 of the December, 1952, and on page 87 of the January, 1953, issues of *Medical Economics.*

two hours a week, saw 31 patients in an average day, and spent about 41 per cent of his gross income in operating expenses. He gave 6.6 hours per week to charity patients and carried $38,978 worth of life insurance. His median charge for an office call was $3, for a house call $5, and for a night call $6. In 1951, payments from medical-surgical plans paid him an average of $2,139.

The Department of Commerce survey pointed up that physicians in civilian practice in the nation before taxes, reported an average income of $11,058 in 1949. As with the *Medical Economics* findings, doctors' incomes on the average were highest in the Far West and lowest in New England, with Texas holding a middle-of-the-road position. The highest average incomes earned by independent doctors were found in communities of about 350,000 population, and independent practitioners reached their peak of earnings between the ages of 45 and 50 years, concluded Weinfeld.

An interesting fact in the Department of Commerce study was that physicians' incomes before taxes were deducted rose from $5,304 in 1929 to $11,058 in 1949, an increase percentage-wise of 108 per cent; incomes for all earners in the general population in the same period increased 109 per

*Weinfeld, W.: *Income of Physicians, 1929-49, Survey of Current Business* 31:9-26 (July) 1951, reprinted by the United States Department of Commerce.

cent. The moderate increase in physicians' fees in this period (38 per cent) was only one factor in the increase of incomes; the other two were improved collection of fees and the increased output per physician.*

Although Weinfeld's analysis of expenses was not complete, he noted that 13.2 per cent of average gross income of nonsalaried physicians went to meet payroll expenses in 1949 and 27.2 per cent to meet other expenses incident to medical practice. This closely paralleled the 41 per cent of gross income that the general practitioner spent on operating expenses, according to *Medical Economics* statistics.

An official of a large medical equipment concern has estimated that the fledgling physician in opening his first office today has to buy furniture, equipment, and supplies worth from $2,000 to $10,000.† Outfitting a three-room office (reception, consultation, and examining-treatment room) is likely to cost about $1,400; provision for a secretary's office an additional $375; diathermy, electrocardiograph, and basal metabolism equipment, another $1,600; and an x-ray room from $1,400 to $4,400. The beginning general practitioner needs a basic $800 worth of instruments and equipment, he believed. Nonetheless, he said, it is far easier for the beginning practitioner to reach financial self-sufficiency under today's condition than it was twenty years ago, when the beginner expected to undergo a "starvation period."

Conclusions

The average Texas doctor today earns a larger income than one hundred years ago, but his expenses have climbed proportionately. He is making a better living in rural areas and small communities than did his predecessor during early statehood. He collects more of his charges (which have not increased too greatly); he is helped by more and better transportation and communication facilities; more office assistance; and better hospitals, medical schools, and research centers. He sees a greater number of patients daily than would have been possible in the nineteenth century.

The modern doctor spends more on his medical education, which does not stop with taking his medical degree. Even if he does not choose to specialize, a greater number of post-graduate opportunities, both within and outside the state, and medical periodicals are available. However, he is more likely to specialize, if not actually limiting his practice to one field, at least expressing an interest in one of the medical specialties.

Upon the groundwork laid by medical pioneers of a century ago, and longer, has been built a solid foundation of medicine, which enables the modern Texas practitioner to earn a good living, care well for his patients, and continue to improve himself professionally.

TEXANS NATIONAL AAPS WINNERS

In the essay contest sponsored nationally by the Association of American Physicians and Surgeons, second and third place national winners were two Texans, Janice Hazelwood, of Palestine, and Joan Carlisle, of Henderson, respectively. Miss Hazelwood, who won the $100 first prize in Texas, will receive $500 from the AAPS, and Miss Carlisle, whose state prize was $50, will be given $100 for her paper in the national competition.

Locally the contest was sponsored by the Texas Medical Association and the Woman's Auxiliary.

*Dickinson, F. G., and Bradley, C. E.: Survey of Physicians' Incomes, J.A.M.A. 146:1249-1255 (July 28) 1951.

†Scherck, H. J.: What Do I Need, What Will It Cost to Set up a Practice? J. Student Med. A. 1:32-42 (May) 1952, cited in Medical Economics, August, 1952, p. 167.

University of Texas Medical Branch

The new main building of the John Sealy general hospital, a 1,000-bed, $12,000,000 structure, is to be dedicated June 5 in connection with the annual graduation exercises. It will mark another step in the expansion program of The University of Texas Medical Branch at Galveston.

Dr. Alan Gregg, vice-president of the Rockefeller Foundation, will speak at the acceptance ceremony for the new hospital at 4 p. m. and at the graduation exercises at 8 p. m. The new building will be turned over to the University by John McCullough, chairman of the Board of Trustees of the Sealy and Smith Foundation.

The new hospital covers approximately 430,000 square feet, is 438 feet in length, 153 feet wide, and has three wings. The main building, nine full floors, has attached to the east the R. Waverly Smith Memorial pavilion for private patients and to the west the children's hospital and the outpatient building. The main building connects with a bridge to the laboratory buildings and to the Rebecca Sealy Nurses Residence, where a reception will be held following the acceptance ceremony. The completely air-conditioned building, with its own emergency power plant and special rooms for research and development, will also provide clinical facilities for medical and nursing classes. With 1,000 beds in this building, the Medical Branch hospitals will have a total capacity of 1,500.

The construction of the $750,000 Ziegler Memorial Hospital was begun last July. The 60-bed, four-story structure will have all modern facilities for the care of patients with tuberculosis or other thoracic diseases.

A student activities building is being planned, also a women's dormitory, a 30-unit apartment for married residents and interns, two dormitories for student nurses, and three dormitories for residents and interns. The Medical Branch now covers more than 40 acres and contains thirty-seven buildings.

In June, 1952, the $1,500,000, three-story, completely air-conditioned Gail Borden Laboratory building was opened. It houses the Medical Branch Library and the Departments of Biochemistry and Nutrition, Bacteriology, Physiology, and Pharmacology.

GAMMA GLOBULIN DISTRIBUTION

The Office of Defense Mobilization has announced its basic policy for distribution to the states of gamma globulin under non-epidemic poliomyelitis conditions. The basic policy follows:

(1) Around May 1 each state, on request of its state health officer, was to receive an initial allocation based on 40 cc. times the median number of reported cases in that state for the five-year period ending in 1951.

(2) Total basic allotment for the year will be determined for each state on the basis of 40 cc. times the number of reported clinically diagnosed cases during the current year.

(3) State health officers will make available to individual physicians sufficient gamma globulin to give inoculations to patients who have had intimate contact with clinically diagnosed cases. The individual physician is to determine what is intimate contact.

The remaining major part of gamma globulin for polio is to be kept in a national pool to be sent to epidemic areas when the need arises. The Office of Defense Mobilization estimates the total national supply of gamma globulin for polio this year at between 6,000,000 and 7,000,000 cc. The serum for polio is being packaged in 10 cc. vials by the American Red Cross marked "Poliomyelitis Immune Globulin."

PERSONALS

Dr. R. L. Knolle will become president of the Seguin Rotary Club and *Dr. Allen I. Heinen,* a member of the board of directors at the installation of officers in July.

Dr. L. H. Reeves was honored at a testimonial dinner March 3 in Fort Worth by the Tarrant County Medical Society. He was given a medical bag by the society and a plaque by the Tarrant County Academy of General Practice.

Drs. Knox Pittard and *J. C. Duff* were presented awards in February by the Anson Chamber of Commerce for their citizenship in 1952.

Dr. E. H. Cary, Sr., Dallas, was honored at an informal luncheon party in celebration of his eighty-first birthday February 28.

Dr. J. A. Neely, Bellville, received the Order of the Silver Beaver of the Boy Scouts of America in January in recognition of his many services to the Boy Scouts.

Dr. R. B. G. Cowper in February became president of the Big Spring Chamber of Commerce.

Dr. Homer E. Prince, Houston, is serving as a trustee of the American Foundation for Allergic Diseases, founded February 27 in Boston.

Recent births announced in the *Alumni Bulletin* of the University of Texas Medical Branch include boys to *Dr. and Mrs. Michael Kurilecz,* Dallas, and *Dr. and Mrs. O. L. Johnson,* Galveston, and girls to *Dr. and Mrs. David McCullough,* Kerrville; *Dr. and Mrs. Charles G. Freundlich,* Houston; and *Dr. and Mrs. Warren G. Knox,* Fort Worth.

Fifty Years of Promoting Health

In December the Pan American Sanitary Bureau, the oldest of the international health organizations, marked a half century of promoting public health. Three and a half years ago when an agreement unified the activities of the PASB and the World Health Organization, the Bureau assumed the responsibilities of regional office for the WHO.

The budget of the PASB has grown from an initial $5,000 to $1,943,681 in 1952. The funds available for international public health work in the Americas, in which the Bureau shares technical responsibility with the government, have expanded to about $6,000,000.

The Bureau is responsible for such programs as cooperative insect control which resulted in the lowering of malaria in Costa Rica about 50 per cent during the past two years. As against the 2,834 cases of typhus in Guatemala in 1945, only 8 cases were reported in 1951 and no deaths.

PASB operates the Region of the Americas by the following zone division: Washington, D. C.; Lima, Peru; Guatemala City; Rio de Janeiro; Buenos Aires; and Mexico City.

LIBRARY SECTION

MEDICAL LIBRARIES

There are many advantages to a medical association and its members in maintaining a medical library. It is well known that in medicine, more than in any other scientific field, present knowledge is based upon a pyramidal foundation of observations, research, experiences, and practices of the past.

Medical literature has expanded until there are now more than 7,000 medical publications in the world. The *Excerpta Medica* alone abstracts over 2,000 of these publications. No one physician could possibly scan, much less absorb, all the knowledge printed about one specialty. The logical answer to the situation is a library where the material can be stored and the necessary indexes and abstract journals made available for reference. Such a library not only serves as a storehouse for past knowledge, but also provides the stimulus and inspiration for future learning and discoveries to those who use its facilities.

Although comments are made frequently that the physicians of a generation ago did not have or did not need libraries, the pioneer members of the Texas Medical Association envisioned the gains which could come to them through the creation of a medical library. And, as early as 1874, during the sixth annual session of the Association, a "Committee on Creation of a Library" was appointed.

Throughout the one-hundred-year history of the Association, one finds recorded evidence of the members' desire to establish a library and to provide a permanent home for it. In 1887 the secretary reported that an inventory of books which were the property of the Association "reveals the nucleus of what can be made by proper care and attention —a *library.*" In all, he reported that there were then some 537 books on hand.

Today, the Memorial Library of the Texas Medical Association has more than 22,000 bound and unbound books and journals, with more than 500 periodicals being received regularly. In addition, some 156,000 reprints have been accumulated. Housed in a commodious permanent home since September, 1952, the Association's present Memorial Library represents the fulfillment of what was once only a distant dream.

Staffed with a trained medical librarian and several assistants, the Library is prepared to serve all members of the Association. Through the reference service, begun about twenty years ago, material is offered to members on a two-week loan basis. The packaged material is mailed upon request in a matter of hours. Thus, each member may use the Library, regardless of how far or how near from the central headquarters he resides.

Since the advent of motion pictures as an effective tool for learning, the Library has maintained a motion picture film service. There are about 150 professional films and 50 films suitable for lay audiences available on a loan basis.

Dr. Pat Ireland Nixon autographs a copy of his new book, "A History of the Texas Medical Association, 1853-1953," for the Memorial Library of the Association while Miss Pauline Duffield, librarian, looks on.

The financial investment in a reference library does not decrease in value over a period of years. Although books and periodicals acquired daily through routine channels may not be regarded as "rare" at the time they are obtained, their usefulness and monetary value grow steadily as reference files are completed. Almost every acquisition enhances the one preceding it. In addition to the financial support given the Association's Library by the use of a portion of each member's dues, many farsighted members give additional aid through donations of materials and bequests of money.

As medicine marches forward and Texas physicians continue to expand their medical knowledge, the Library will endeavor to play an important and useful role in the Texas Medical Association's history.

Early Medical Journalism

Medical journalism in Texas between 1866 and 1910 had a stormy course. A few journals died natural deaths due to lack of support, others changed titles frequently, but all that originated before 1900 have ceased publication.

These journals are of historical value to the Library. To complete the Library's collection, doctors who have copies or know where the Library could obtain copies could be of great assistance. The following is a list of the journals:

Galveston Medical Journal, 1866-1871, Volumes 1-5, Galveston. This journal was owned and edited by Dr. Greensville S. Dowell. Each volume contained forty to fifty pages of scientific material and sixteen to twenty pages of advertising. Dr. Dowell wrote many of the articles and an editorial for each issue. Despite an outlay of $10,000 and great effort, the publication failed.

Texas Medical Journal, 1873-1879, Volumes 1-8, Galveston. J. Boring and W. H. Gantt were the editors and publishers. Dr. Gantt came to Texas from Maryland in 1850 to teach at Galveston Medical College. He was also a meteorological observer for the Smithsonian Institution. Dr. Gantt died in 1867. The following year the journal combined with the *Galveston Medical Journal.*

Texas Courier-Record of Medicine, 1883-1892, Volumes 1-8, Fort Worth. F. E. Daniel and W. B. Brooks were editors. The *Courier* was superseded by the *Texas Medical and Surgical Record.*

Texas Medical and Surgical Record, 1892-1917, Volumes 9-34.

Daniel's Texas Medical Journal, 1885-1931, Volumes 1-47, Austin. This journal changed its title three times. Volumes 1-8 were called *Daniel's Texas Medical Journal;* Volumes 9-35, *Texas Medical Journal;* Volumes 35-39, *Practical Medicine and Surgery;* and Volumes 39-47, *Medical Insurance.* Dr. Ferdinand Eugene Daniel, professor of anatomy and surgery at Texas Medical College, 1867-1868, was the founder.

Texas Health Journal, 1888-1898, Volumes 1-9. Volumes 9-11 were published as the *Texas Medical Practitioner.*

Texas Sanitarian, 1891-1892, Volumes 1-31. J. T. Bennett was editor. The *Sanitarian* became the *Texas Medical News,* Volumes 5-25, in 1895. It consolidated with the *Texas Health Journal* in 1898, and Volumes 26-31 were issued as the *Medical Insurance and Health Conservation.*

Texas Medical Gazette, 1901-1905, Volumes 1-5, Fort Worth.

Medical Record and Annals, 1907 to date, Volumes 1-47, San Antonio and Houston.

South Texas Medical Record, 1907-1920, Volumes 1-14, San Antonio.

Proceedings of the State Medical Association of Texas, 1869-1873.

Transactions of the State Medical Association of Texas, 1874-1900.

BOOKS RECEIVED IN APRIL

Advances in Pediatrics, vol. 5, Chicago, Year Book Publishing Company, 1952.

Anderson, Hamilton, H.; Bostick, W. L.; and Johnstone, H. G.: *Amebiasis,* Springfield, Ill., Charles C. Thomas, 1953.

Bacon, Harry Ellicott: *Anus, Rectum, Sigmoid Colon—Diagnosis and Treatment,* vols. 1 and 2, ed. 3, Philadelphia, J. B. Lippincott Company, 1949.

Bailey, Hamilton, and Love, McNeill, R. J.: *A Short Practice of Surgery,* ed. 9, Baltimore, Williams and Wilkins, 1953.

Banks, Sam W., and Laufman, Harold: *An Atlas of Surgical Exposures of the Extremities,* Philadelphia, W. B. Saunders, 1953.

Bruetsch, Walter L.: *Syphilitic Optic Atrophy,* American Lecture Series, Springfield, Ill., Charles C. Thomas, 1953.

Carter, Charles F., and Smith, Alice L.: *Microbiology and Pathology,* ed. 5, St. Louis, C. V. Mosby, 1953.

Compere, Edward L.; Banks, S. W.; and Compere, C. L.: *Pictorial Handbook of Fracture Treatment,* ed. 3, Chicago, Year Book Publishing Company, 1952.

Davidson, L. S. P.: *Principles and Practice of Medicine,* Edinburgh, E. S. Livingstone, 1952.

DeCourcy, Joseph L., and DeCourcy, Cornelius B.: *Phoechromocytoma and the General Practitioner,* Cincinnati, DeCourcy Clinic, 1952.

Despert, J. Louise: *Children of Divorce,* Garden City, N. Y., Doubleday, 1953.

Dickson, James A.; Humphries, Alfred W.; and O'Dell, Harry W.: *Recurrent Dislocation of the Shoulder,* Baltimore, Williams and Wilkins, 1953.

Frazer, W. M.: *Textbook of Public Health,* ed. 13, Edinburgh, E. and S. Livingstone, 1953.

Gordon, Richard: *Doctor in the House,* New York, Harcourt, Brace and Company, 1953.

Grassi, Joseph R.: *The Grassi Block Substitution Test for Measuring Organic Brain Pathology,* Springfield, Ill., Charles C. Thomas, 1953.

Grinker, Roy R.: *Mid-Century Psychiatry,* Springfield, Ill., Charles C. Thomas, 1953.

Haymaker, Webb: *The Founders of Neurology,* Springfield, Ill., Charles C. Thomas, 1953.

Ingle, Dwight, J., and Baker, Burton L.: *Physiological and Therapeutic Effects of Corticotropin (ACTH) and Cortisone,* Springfield, Ill., Charles C. Thomas, 1953.

Lewin, S. A., and Gilmore, John: *Sex After Forty,* New York, Medical Research Press, 1952.

Loewi, Otto: *From the Workshop of Discoveries,* Porter Lecture Series, Lawrence, Kan., University of Kansas Press, 1953.

McClain, M. Esther: *Scientific Nursing,* ed. 2, St. Louis, C. V. Mosby, 1953.

Meyer, Herman Frederic: *Essentials of Infant Feeding,* Springfield, Ill., Charles C. Thomas, 1952.

Morehouse, Lawrence E., and Miller, Augustus T.: *Physiology of Exercise,* ed. 2, St. Louis, C. V. Mosby, 1953.

Raab, Wilhelm: *Hormonal and Neurogenic Cardiovascular Disorders,* Baltimore, Williams and Wilkins, 1953.

Riese, Walther: *The Conception of Disease, Its History, Its Versions, and Its Nature,* New York, Philosophical Library, 1953.

Schneck, Jerome M.: *Hypnosis in Modern Medicine,* Springfield, Ill., Charles C. Thomas, 1953.

Smith, Austin: *Modern Treatment, A Guide for General Practitioners,* ed. 1, New York, Paul B. Hoeber, 1953.

Sturgis, Cyrus C.: *Hypersplenism: A Clinical Evaluation,* Springfield, Ill., Charles C. Thomas, 1953.

Tarsy, James M.: *Pain Syndromes and Their Treatment,* Springfield, Ill., Charles C. Thomas, 1952.

Thompson, George N.: *Psychopathic Delinquent and Criminal,* Springfield, Ill., Charles C. Thomas, 1953.

Todd, James Campbell; Stanford, A. H.; and Wells, Benjamin B.: *Clinical Diagnosis by Laboratory Methods,* ed. 12, Philadelphia, W. B. Saunders, 1953.

Wartenberg, Robert: *Diagnostic Tests in Neurology,* Chicago, Year Book Publishers, 1953.

White, James C.; Smithwick, Reginald H.; and Simeone, Fiorindo A.: *Autonomic Nervous System,* ed. 3, New York, Macmillan, 1952.

White, Paul Dudley: *Heart Disease,* ed. 4, New York, Macmillan, 1951.

White, W. L.: *Back Down the Ridge,* New York, Harcourt, Brace and Company, 1953.

Willis, R. A.: *Spread of Tumours in the Human Body,* St. Louis, C. V. Mosby, 1952.

Womack, Nathan A.: *On Burns,* American Lecture Series, Springfield, Ill., Charles C. Thomas, 1953.

BOOK NOTICES

[1]Handbook of Tropical Dermatology and Medical Mycology

Edited by R. D. G. PH. SIMONS, *Senior Lecturer at the Dermatological Clinic of the University of Leyden, Amsterdam. Volume 1. 845 pages. $15. Houston, Elsevier Press, 1952.*

This book is the most complete discussion of tropical diseases this reviewer has seen. It performs a valuable function in attempting to show that various "diseases" as named and known throughout the entire tropical world represent the same pathologic conditions, thereby greatly simplifying the nomenclature.

Actually, the book is a symposium by several authors, all recognized experts in their field and locale.

Illustrations and descriptions of laboratory tests are liberal. Certain readers might desire more histopathology than is included.

In this day of transientness, this book is a valuable addition to the library of any physician, no matter where he practices.

[2]Operative Neurosurgery with Emphasis on Procedures in Trauma

ELISHA STEPHENS GURDJIAN, M. D., *Professor of Neurosurgery, Wayne University College of Medicine, Detroit, and* JOHN E. WEBSTER, M. D., *Assistant Professor of Surgery, Wayne University College of Medicine, Detroit. 422 pages. $10. Baltimore, Williams and Wilkins Company, 1952.*

This is a new and unique book in that it is different from the ordinary textbook. Instead of one or more chapters at the beginning being devoted to a review of the anatomy, physiology, and pathology of the nervous system, these subjects are reviewed briefly as the various diseases and injuries are discussed. It is very complete as there is no injury or disease of the nervous system amenable to surgery that is omitted. The book is well illustrated by drawings. It is written for the neurosurgeon, but an industrial surgeon will find it helpful in the handling of head and spine injuries. The chapter on surgery of the autonomic nervous system is complete and affords a quick reference to operative technique and the like. Neurosurgery as done today was not developed by one man but is the work of many individuals, and this is interestingly recited in several chapters devoted to historical consideration. Throughout the book an extensive bibliography is given as authority for the statements made in it. The authors are to be commended for such an excellent work.

[3]Ophthalmic Pathology—An Atlas and Textbook

JONAS S. FRIEDENWALD, HELENOR CAMPBELL WILDER, A. EDWARD MAUMENEE, T. E. SANDERS, JOHN E. L. KEYES, MICHAEL J. HOGAN, W. C. *and* ELLA U. OWENS, *with the editorial assistance of* HELEN KNIGHT STEWARD. *Published under the joint sponsorship of the American Academy of Ophthalmology and Otolaryngology and the Armed Forces Institute of Pathology. 489 pages. $18. Philadelphia, W. B. Saunders Company, 1952.*

The atlas and textbook of ophthalmic pathology is the outgrowth of the "Atlas of Ophthalmic Pathology" first prepared at the Army Medical Museum in 1938 by DeCoursey and Ash. The present volume is the culmination of effort initiated in 1945 by the American Academy of Ophthalmology and Otolaryngology. It fills a gap that has existed in ophthalmic books.

The text of this volume was written by a group of outstanding authors and investigators in the field of ophthalmology headed by Jonas S. Friedenwald with Friedenwald's "Pathology of the Eye" as the basis for the text. Elaboration and modification of each particular phase was then delegated to an outstanding authority in that particular field.

An entire new set of photomicrographs was prepared from the collection in the Registry of Ophthalmic Pathology, Armed Forces Institute of Pathology. These photomicrographs, which number nearly 1,000, were selected and prepared by Helenor Campbell Wilder and are presented at the end of each chapter to illustrate the text rather than a specific case as was formerly done. The selection, preparation, and printing of these photomicrographs is outstanding. The clarity of detail is excellent.

The text not only covers the morphologic pathology of the eye but also discusses the physiologic mechanisms that influence the pathologic changes. The most widely accepted concepts of pathology as now understood and taught in the leading medical schools are presented by the use of the various authorities.

This volume is of particular interest to ophthalmologists and their residents, and to those pathologists who practice eye pathology. It is primarily intended for a teaching aid rather than a reference book and embodies the requirements for Board certification. The text is clear and concise with a simple straightforward presentation. All phases of ophthalmic pathology are covered.

[4]The Story of the Adaptation Syndrome

HANS SELYE, M. D., Ph. D. (Prague), D. Sc. (McGill), F.R.S. (Canada), *Professor and Director of the Institut de Médecine et de Chirurgie expérimentales, Université de Montréal. 225 pages. $4.50. Montreal, Acta, Inc. Medical Publishers, 1952.*

This volume consists of seven lectures given by the author, who relates step by step his concepts and pertinent experimental data of the general adaptation syndrome. It is easy reading and is well illustrated with diagrams and pictures. Anyone who wishes to understand the general adaptation syndrome could not find a better piece of literature to explain it. I think it should be a "must" for every practicing physician. The author points out clinical applications from time to time and ties in the theory and clinical usages of ACTH and cortisone.

The book has a place in every general and private library. It is especially recommended to medical students, general practitioners, and internists.

[1]*C. H. McCuistion, M. D., Austin.*
[2]*C. C. Nash, M. D., Dallas.*
[3]*Milton J. Loring, M. D., Midland.*
[4]*R. D. Little, M. D., Wharton.*

ORGANIZATION SECTION

PAST PRESIDENTS TEXAS MEDICAL ASSOCIATION

The present-day prominence of the Texas Medical Association stands as a monument to the eighty-six distinguished physicians who have served as presidents during the Association's one-hundred-year history.

Throughout the years, men with outstanding leadership qualities and vision have guided the Association over what at times seemed impassable roads.

Many of the pioneer physicians who served so capably as presidents also played equally important roles in shaping the early history of Texas and the nation. Still others in more recent years have held high offices in the American Medical Association and similar national medical groups.

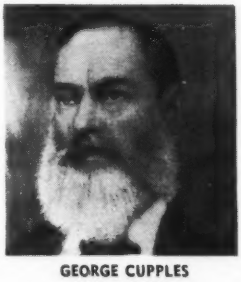
The first president was Dr. Joseph Taylor from Harrison County. He was elected at the organizational meeting held in Austin in January, 1853. In November of that same year Dr. Taylor was succeeded by Dr. George Cupples of San Antonio, who often has been called the father of organized medicine in Texas. Dr. Cupples served again as president in 1878, being the only man to hold that office twice.

The past presidents of the Association, though possessed of a variety of individual personalities, have had a common objective--to raise the standards of the medical profession and to offer longer life, happiness, and comfort to the people of Texas. The records of each succeeding administration bear out the fact that the elected officers and members have constantly upheld this objective. Thus, an unbroken bond of loyalty and devotion to the recognized principles of the medical profession in Texas has been handed down from the past to the present.

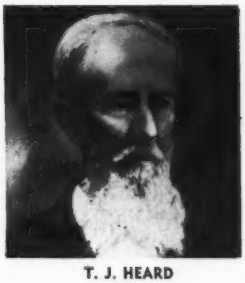
Those men who in the past gave unselfishly of their time and talents as presidents are pictured on this and successive pages. A picture of Dr. Taylor is not available. Included in the group is Dr. T. T. Jackson, who died before he could assume the presidency in 1920. Drs. David R. Fly and Joe Dildy died while in office.

Nineteen past presidents are still living. They are Drs. G. V. Brindley, Sr., John H. Burleson, E. H. Cary, Claude C. Cody, Jr., H. R. Dudgeon, Sr., John H. Foster, Marvin L. Graves, Preston Hunt, J. H. McCracken, Felix P. Miller, Tate Miller, B. E. Pickett, Sr., L. H. Reeves, A. A. Ross, W. B. Russ, Allen T. Stewart, T. C. Terrell, Sam E. Thompson, and Charles S. Venable.

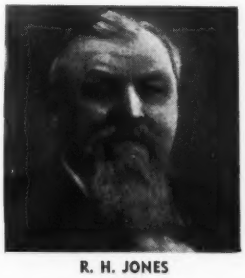
Since the history of any organization is the history of the individuals who make up its membership, commemoration of the Texas Medical Association centennial must take cognizance of the persons who for a brief moment were the acknowledged leaders of the society. The past presidents were those leaders.



GEORGE CUPPLES
1853 and 1878

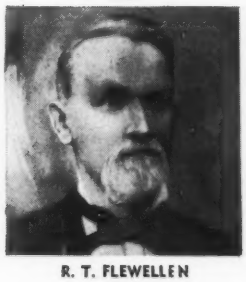


T. J. HEARD
1869

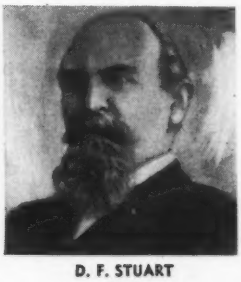


R. H. JONES
1870

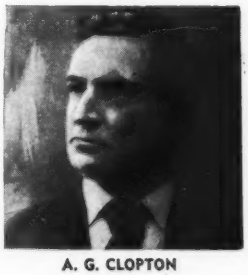
D. R. WALLACE
1871



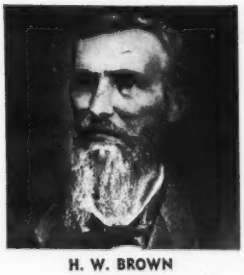
R. T. FLEWELLEN
1872



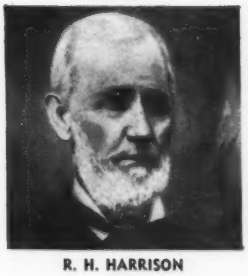
D. F. STUART
1873



A. G. CLOPTON
1874



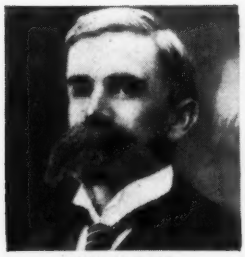
H. W. BROWN
1875



R. H. HARRISON
1876

W. D. KELLY
1877

PAST PRESIDENTS



JOHN H. FOPE
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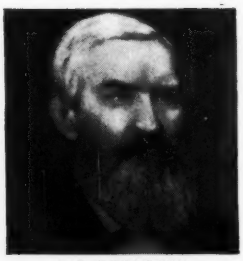

A. R. KILPATRICK
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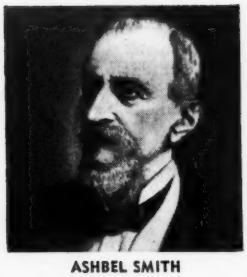
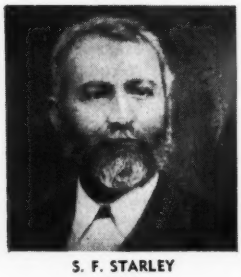
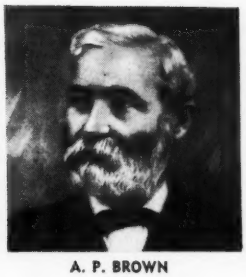


ASHBEL SMITH
1881



S. F. STARLEY
1882



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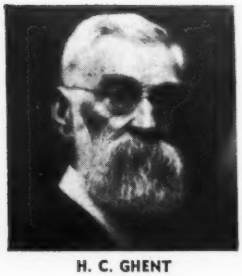

H. C. GHENT
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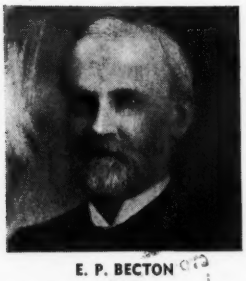

E. P. BECTON
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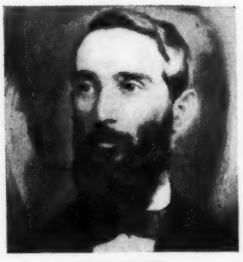

T. H. NOTT
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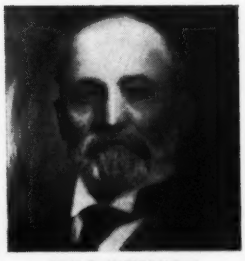

SAM R. BURROUGHS
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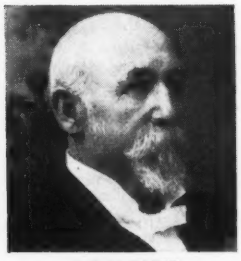

J. F. Y. PAINE
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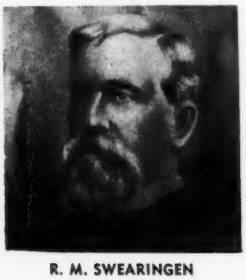
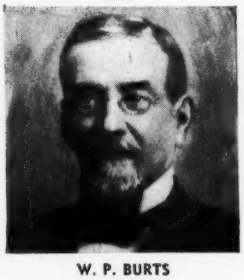


R. M. SWEARINGEN
1889



W. P. BURTS
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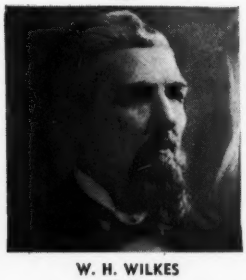

W. H. WILKES
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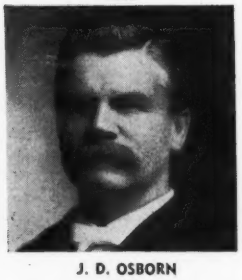

J. D. OSBORN
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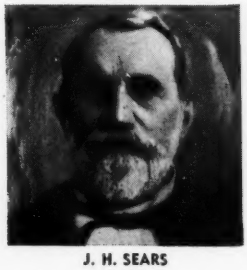

J. H. SEARS
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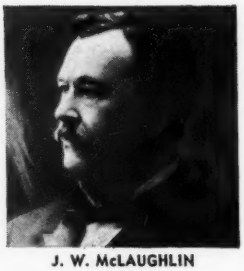
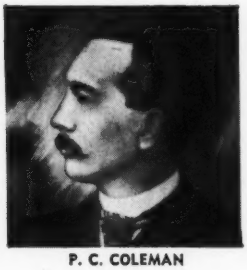


J. W. McLAUGHLIN
1894

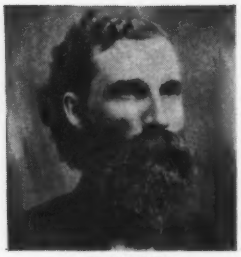


P. C. COLEMAN
1895

J. C. LOGGINS
1896

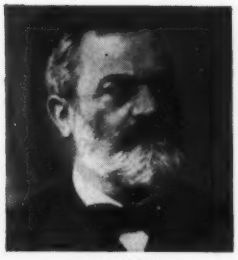
TEXAS MEDICAL ASSOCIATION

BACON SAUNDERS
1897



J. T. WILSON
1898

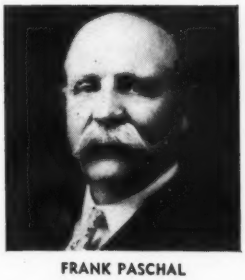
A. B. GARDNER
1899



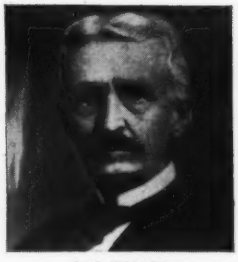
B. E. HADRA
1900

TAYLOR HUDSON
1901

S. C. RED
1902



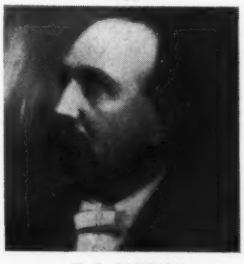
FRANK PASCHAL
1903



F. E. DANIEL
1904

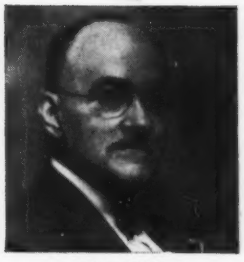
J. E. GILCREEST
1905

G. B. FOSCUE
1906



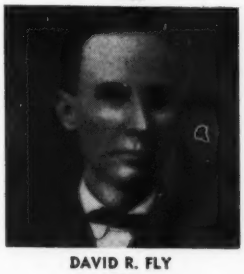
C. E. CANTRELL
1907

H. W. CUMMINGS
1908



W. B. RUSS
1909

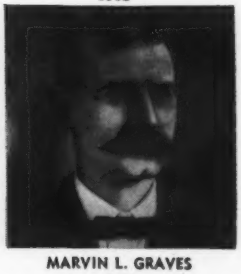
JOHN T. MOORE
1910



DAVID R. FLY
1911

J. H. McCRACKEN
1911

JOHN S. TURNER
1912

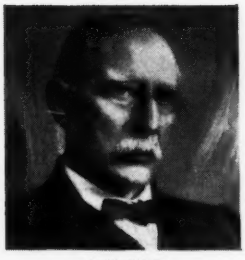


MARVIN L. GRAVES
1913

PAST PRESIDENTS

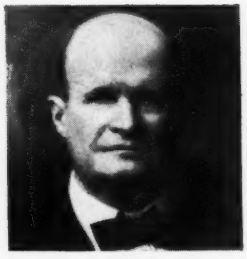
F. D. BOYD
1914

G. H. MOODY
1915



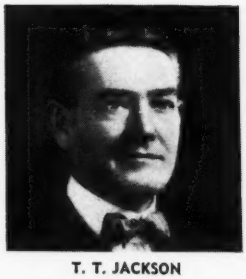
J. M. INGE
1916

E. H. CARY
1917



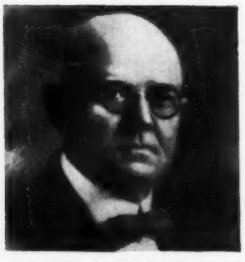
S. P. RICE
1918

R. W. KNOX
1919



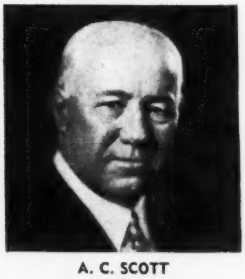
T. T. JACKSON
Pres.-Elect 1919

I. C. CHASE
1920



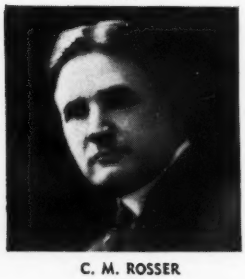
T. J. BENNETT
1921

JOE BECTON
1922

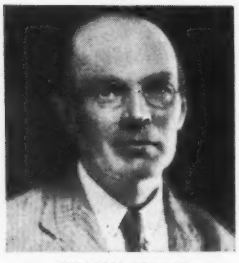


A. C. SCOTT
1923

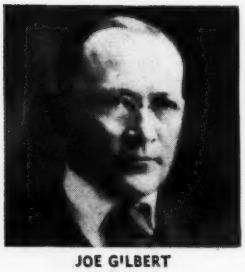
M. F. BLEDSOE
1924



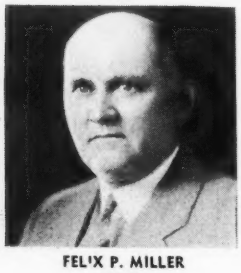
C. M. ROSSER
1925



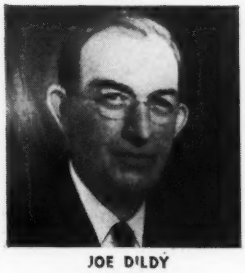
WILLIAM KEILLER
1926



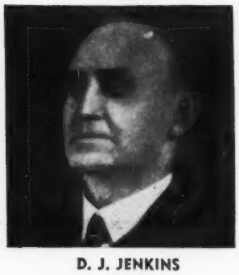
JOE GILBERT
1927



FELIX P. MILLER
1928



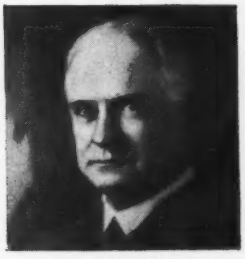
JOE DILDY
1929



D. J. JENKINS
1929

TEXAS MEDICAL ASSOCIATION

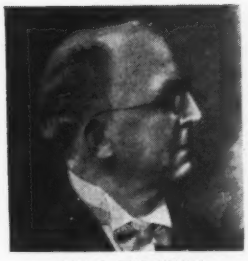
JOHN W. BURNS
1930



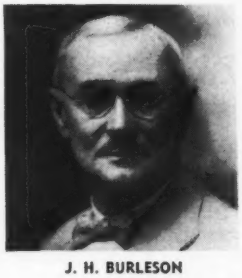
J. O. McREYNOLDS
1931

J. H. FOSTER
1932

A. A. ROSS
1933



SAM E. THOMPSON
1934



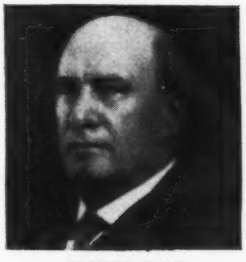
J. H. BURLESON
1935

H. R. DUDGEON
1936

CALVIN R. HANNAH
1937

E. W. BERTNER
1938

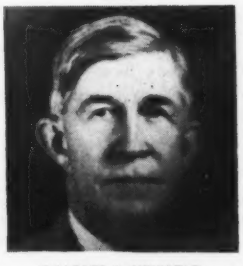
L. H. REEVES
1939



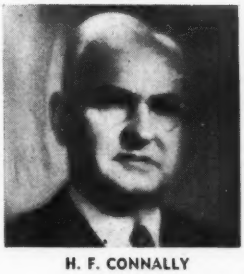
PRESTON HUNT
1940

N. D. BUIE
1941

JUDSON L. TAYLOR
1942

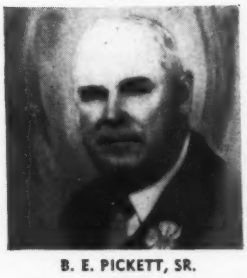


CHARLES S. VENABLE
1943



H. F. CONNALLY
1944, 1945

CLAUDE C. CODY, JR.
1946



B. E. PICKETT, SR.
1947

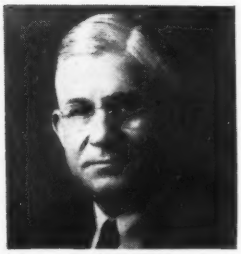
TATE MILLER
1948

PAST PRESIDENTS, TEXAS MEDICAL ASSOCIATION

G. V. BRINDLEY
1949

WILLIAM M. GAMBRELL
1950

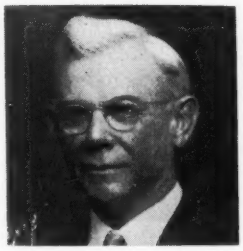
ALLEN T. STEWART
1951



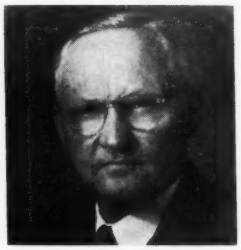
T. C. TERRELL
1952

Stewards for Fifty-Seven Years

Two names which for many years were almost synonymous with the Texas Medical Association are Dr. Holman Taylor and Dr. R. B. Anderson, Jr. Together, they served the organization in official capacities a total of fifty-seven years. Dr. Taylor was Secretary of the Association and Editor of the TEXAS STATE JOURNAL OF MEDICINE from 1910 until 1947; Dr. Anderson was Assistant Secretary-Editor from 1927 until 1947. In singling out these two for special mention, it should be remembered, of course, that many others have been devoted to the Association and have served it well both in and out of office. The names of some of these other medical statesmen are recorded in the historical table appearing elsewhere in this section.



HOLMAN TAYLOR, M. D.



R. B. ANDERSON, JR., M. D.

Dr. Taylor, active in the medical profession at the turn of the century and then of Marshall, was one of those who saw reorganization of the Texas group in accordance with the plan of the American Medical Association—making membership in the county medical society the basis for both state and national membership—as the foundation for an ever stronger, more unified profession. With acceptance of this plan in 1903, he assisted in the formation of various county societies and became councilor of his home district, District 15. His evident interest in the Association and his flair for writing made him a logical choice to succeed Dr. Ira C. Chase as Secretary-Editor, and after a period of indoctrination under Dr. Chase, he took office in 1910.

Except for a period during World War I when Dr. Taylor served as a general officer with the United States Army and was away from his desk in Fort Worth, his vigorous leadership in the House of Delegates, his Texas-flavored representation to the American Medical Association, and his verbose but colorfully worded editorials and letters spelled "Texas Medical Association" to many of its members and laymen alike. As a guiding hand almost from the beginning of the reorganized society until it gathered new strength after World War II, Dr. Taylor was instrumental in shaping many of the policies and procedures which even now are followed and which have made the profession a force in Texas.

Dr. Anderson, also chosen from the ranks of society membership to help direct its course, came from Thorndale to Fort Worth in 1927 as Dr. Taylor's assistant. The two men shared personalities which sparkled with individuality and initiative, but both respected each other and the cause for which they strove. Thus, they were able to work effectively together, sometimes cooperating on a single project, sometimes dividing the responsibilities. Dr. Anderson was especially eager to develop a medical library to serve the physicians scattered throughout the state and made noteworthy progress toward that end. He was aware, too, of the increasing need for a sense of public relations among the membership and was active in planning and in visiting county medical societies as the public relations program assumed a major role.

Dr. Anderson, some twenty years the junior of Dr. Taylor and tacitly considered as his successor in office, failed to outlive the older man. A victim of coronary occlusion, Dr. Anderson died in the headquarters building in Fort Worth in January, 1947. Early in December, the same year, Dr. Taylor collapsed following a banquet in his honor and died almost immediately.

A decision in 1948 to move the headquarters from Fort Worth to Austin, steadily enlarging membership and increasing activities calling for a considerably expanded central office staff, submission in 1950 to the general tendency among medical societies to swing toward nonphysician executive secretaries, and completion of a new headquarters and Library building in 1952 have contributed to a new day for the Texas Medical Association. The year 1947 might be considered a turning point. Nevertheless, the two men who vacated the executive chairs that year, men whose very lives were spent for the organization and whose leadership was in the forefront for a whole generation of doctors, left an imprint on the Association which will not soon fade away. They are representative of the high caliber of Texans who have striven to "advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws . . . so that the profession shall become more capable and honorable within itself and more useful to the public. . . ."

TEXAS MEDICAL ASSOCIATION HISTORICAL TABLE, 1853-1953

Date	*Place of Meeting*	*Registration (Members)*	*President*	*Secretary*	*Treasurer*
Jan. 1853	Austin	35	Joseph Marshall,* Marshall	R. N. Lane,* Austin	J. M. Litten,* Austin
Nov. 1853	Austin		Geo. Cupples,* San Antonio	"	"
1869	Houston	28	T. J. Heard,* Galveston	Alva Connell, Jr.,* Houston	F. Hasenburg,* Houston
1870	"	25	R. H. Jones,* Brenham	"	W. P. Riddell,* Houston
1871	"	26	D. R. Wallace,* Waco	"	"
1872	"	11	R. T. Flewellen,* Houston	"	J. Larendon,* Houston
1873	Waco	22	D. F. Stuart,* Houston	S. O. Young,* Houston	"
1874	Dallas	100	A. G. Clopton,* Jefferson	W. A. East,* Hallettsville	"
1875	Austin	50	H. W. Brown,* Waco	"	"
1876	Marshall		R. H. Harrison,* Columbus	"	"
1877	Galveston	74	W. D. Kelly,* Galveston	"	"
1878	San Antonio	40	Geo. Cupples,* San Antonio	"	"
1879	Sherman	25	John H. Pope,* Marshall	"	"
1880	Brenham	56	A. R. Kilpatrick,* Navasota	R. H. L. Bibb* Austin	"
1881	Waco	140	Ashbel Smith,* Cedar Bayou	"	"
1882	Fort Worth	58	S. F. Starley,* Tyler	W. J. Burt,* Austin	"
1883	Tyler		A. P. Brown,* Jefferson	"	"
1884	Belton	88	H. C. Ghent,* Belton	"	"
1885	Houston	62	E. P. Becton,* Sulphur Springs	"	"
1886	Dallas	500	T. H. Nott,* Goliad	F. E. Daniel,* Austin	"
1887	Austin	145	Sam R. Burroughs,* Buffalo	"	"
1888	Galveston	150	J. F. Y. Paine,* Galveston	"	"
1889	San Antonio		R. M. Swearingen,* Austin	"	"
1890	Fort Worth		W. P. Burts,* Fort Worth	"	"
1891	Waco		W. H. Wilkes,* Waco	H. A. West,* Galveston	"
1892	Tyler	117	J. D. Osborn,* Cleburne	"	"
1893	Galveston		J. H. Sears,* Waco	"	"
1894	Austin	150	J. W. McLaughlin,* Austin	"	"
1895	Dallas	150	P. C. Coleman,* Colorado	"	"
1896	Fort Worth		J. C. Loggins,* Ennis	"	"
1897	Paris		Bacon Saunders,* Fort Worth	"	"
1898	Houston		J. T. Wilson,* Sherman	"	"
1899	San Antonio	250	A. B. Gardner,* Bellville	"	R. F. Miller,* Sherman
1900	Waco		B. E. Hadra,* Waco	"	"
1901	Galveston		Taylor Hudson,* Belton	"	"
1902	Dallas		S. C. Red,* Houston	John T. Moore,* Houston	"
1903	San Antonio	200	Frank Paschal,* San Antonio	I. C. Chase,* Fort Worth	"
1904	Austin	550	F. E. Daniel,* Austin	"	"
1905	Houston	450	J. E. Gilcreest,* Gainesville	"	"
1906	Fort Worth	600	G. B. Foscue,* Waco	"	"
1907	Mineral Wells	400	C. E. Cantrell,* Greenville	"	C. A. Smith,* Texarkana
1908	Corpus Christi	425	H. W. Cummings,* Hearne	"	"
1909	Galveston	550	W. B. Russ, San Antonio	"	"
1910	Dallas	800	John T. Moore,* Houston	Holman Taylor,* Fort Worth	"
1911	Amarillo	298	David R. Fly,* Amarillo J. H. McCracken, Mineral Wells	"	"
1912	Waco	734	John S. Turner,* Dallas	"	"
1913	San Antonio	629	Marvin L. Graves, Houston	"	W. L. Allison,* Fort Worth
1914	Houston	915	F. D. Boyd,* Fort Worth	"	"
1915	Fort Worth	1,008	G. H. Moody,* San Antonio	"	"
1916	Galveston	803	J. M. Inge,* Denton	"	"
1917	Dallas	1,204	E. H. Cary, Dallas	"	"
1918	San Antonio	655	S. P. Rice,* Marlin	"	"
1919	Waco	615	R. W. Knox,* Houston	"	"
1920	Houston	618	I. C. Chase,* Fort Worth	"	"
1921	Dallas	736	T. J. Bennett,* Austin	"	"
1922	El Paso	565	Joe Becton,* Greenville	"	"
1923	Fort Worth	1,123	A. C. Scott,* Temple	"	K. H. Beall,* Fort Worth
1924	San Antonio	1,017	M. F. Bledsoe,* Port Arthur	"	"
1925	Austin	900	C. M. Rosser,* Dallas	"	"
1926	Houston	802	William Keiller,* Galveston	"	"
1927	El Paso	522	Joe Gilbert,* Austin	"	"
1928	Galveston	859	Felix P. Miller, El Paso	"	"
1929	Brownsville	695	Joe Dildy,* Brownwood D. J. Jenkins,* Daingerfield	"	"
1930	Mineral Wells	900	John W. Burns,* Cuero	"	"
1931	Beaumont	739	J. O. McReynolds,* Dallas	"	"
1932	Waco	742	J. H. Foster, Houston	"	"
1933	Fort Worth	1,091	A. A. Ross, Lockhart	"	"
1934	San Antonio	1,151	S. E. Thompson, Kerrville	"	"
1935	Dallas	1,336	J. H. Burleson, San Antonio	"	"
1936	Houston	1,124	H. R. Dudgeon, Waco	"	"
1937	Fort Worth	1,238	Calvin R. Hannah,* Dallas	"	"
1938	Galveston	1,185	E. W. Bertner,* Houston	"	"
1939	San Antonio	1,250	L. H. Reeves, Fort Worth	"	"
1940	Dallas	1,562	Preston Hunt, Texarkana	"	"
1941	Fort Worth	1,304	N. D. Buie,* Marlin	"	"
1942	Houston	1,147	Judson L. Taylor,* Houston	"	"
1943	Fort Worth (House of Delegates)		Chas. S. Venable, San Antonio	"	"
1944	Dallas (House of Delegates) Austin, Fort Worth and San Antonio (Scientific Section Meetings)		H. F. Connally,* Waco	"	"
1945	Waco (Called Meeting, H. Delegates)		" (No election of officers)	"	"
1946	Galveston	1,024	Claude C. Cody, Jr., Houston	"	"
1947	Dallas	1,364	B. E. Pickett, Sr., Carrizo Springs	"	T. H. Thomason, Fort Worth
1948	Houston	1,685	Tate Miller, Dallas	H. M. Williams Fort Worth & Austin	"
1949	San Antonio	1,423	G. V. Brindley, Temple	"	"
1950	Fort Worth	1,343	Wm. M. Gambrell,* Austin	Sam N. Key, Austin	"
1951	Galveston	1,219	Allen T. Stewart, Lubbock	"	"
1952	Dallas	1,267	T. C. Terrell, Fort Worth	"	"
1953	Houston	1,524	George Turner, El Paso	J. M. Travis, Jacksonville	"

Executive Secretary—1950, Tod Bates, Austin; 1951, Tod Bates and N. C. Forrester, Austin; 1952-1953, N. C. Forrester, Austin.

*Deceased

HIGHLIGHTS FROM THE ANN

Top row. Left. At the registration desk, a father-son team of doctors from Fort Worth, Dr. Rex J. Howard (left) and Dr. Rex Z. Howard, get badges while their wives, Auxiliary members, await.

Center. Mrs. Robert F. Thompson, El Paso (right), retiring State Auxiliary President, presents the President's Pin to her successor, Mrs. E. W. Coyle, San Antonio, as Mrs. Mark H. Latimer, Houston, President-Elect, watches.

Right. Exchanging viewpoints are President-Elect F. J. L. Blasingame, Wharton; incoming President George Turner, El Paso; and retiring President Truman C. Terrell, Fort Worth.

Middle row. Left. As Vice-Speaker Hobart O. Deaton from Fort Worth presides at the House of Delegates, Speaker Robert B. Homan, Jr., from El Paso shows amusement at a passing remark.

Center. Dr. Francis F. Rosenbaum, Milwaukee (center), chief speaker at the first general meeting, explains one of his illustrations to Dr. Edward T. Smith, Houston, chairman of the Committee on General Arrangements for the 1953 session, and Dr. May Owen, Fort Worth, chairman of the Council on Scientific Work.

Right. A technical exhibitor studies the winning individual scientific exhibit of Dr. Luke W. Able, Houston.

Bottom row. Left. At the President's Banquet a group of visiting former Texans chat.

Center. Dr. Edward J. McCormick from Toledo, President-Elect of the American Medical Association, speaks at the President's Banquet.

Right. Dr. Julia McVicar Baker, Mexico, D. F., seeks an opinion from Dr. August J. Streit, Amarillo (left), and his brother, Major General Paul H. Streit, Washington, D. C. Dr. Baker and General Streit, visiting former Texans, gave papers at section meetings.

ANNIVERSARY SESSION

Top row. Left. As Dr. L. H. Reeves, Fort Worth (right), gives the memorial address for physicians, Dr. M. D. Levy, Houston, who presided during the services, and Mrs. Ramsay H. Moore, Dallas, who delivered the address for Auxiliary members, stand by.

Center. Dr. W. H. Moursund, Houston (left), honored guest at Baylor University College of Medicine's fiftieth anniversary banquet, converses with Dean Stanley William Olson.

Right. University of Texas medical students arrive from Galveston for Wednesday's program.

Middle row. Left. The Fifty Year Club holds its annual breakfast.

Right. Dr. Clarence M. Cash, San Benito (second from left), General Practitioner of Texas for 1953, is congratulated by his predecessor, Dr. J. M. Travis, Jacksonville, who also was named General Practitioner for 1952 by the American Medical Association. Looking on are Mrs. Cash and John Travis Scogin, Dr. Travis's grandson, a junior at Baylor University College of Medicine.

Bottom row. Left. Mrs. J. Peyton Barnes, Houston (center), shows "Medicine Man in Texas," a book by the late Mrs. S. C. Red, to Mrs. Ralph Eusden, Long Beach, Calif., National Auxiliary president (left), and Mrs. Richard Stover, Miami, Fla., president of the Southern Medical Auxiliary. Mrs. Red was a member of Harris County Auxiliary and first president of the National Auxiliary.

Center. Public relations experts Mr. Rollen Waterson, Oakland, Calif.; Dr. R. B. Chrisman, Jr., Miami, Fla.; and Dr. Elmer Hess, Erie, Pa., enjoy an informal conversation.

Right. At the Past Presidents' Association luncheon Dr. L. H. Reeves, Fort Worth (standing), greets Dr. J. B. Cummins, 94 year old physician also of Fort Worth.

AMERICAN MEDICAL ASSOCIATION

NATIONAL GROWTH EVIDENT

The American Medical Association, which had its beginning in 1847 and today numbers some 140,000 members in nearly 2,000 component county and district medical societies and 53 states and territorial medical associations, will hold its 1953 annual session in New York, June 1-5. Registration of physicians at the 1953 meeting is expected to exceed the record of approximately 16,000 set in 1947 at the Association's centennial meeting in Atlantic City.

On May 5, 1847, 250 delegates representing about forty-nine medical societies and twenty-eight colleges met in the hall of the Academy of Natural Science in Philadelphia to found the American Medical Association. The annual meetings have grown to such proportions that now only four cities in the United States are capable of providing the necessary housing, meeting, and exhibit space facilities. They are Chicago, New York, Atlantic City, and San Francisco. (One annual meeting of the AMA has been held in Texas. That was in Dallas in 1926 when an attendance of 4,179 doctors was recorded.)

In the first twelve years of the AMA's history, only general meetings were held. In 1859 a resolution was adopted dividing the Association's meetings into sections. Today, the Council on Scientific Assembly, of which Dr. Michael E. DeBakey, Houston, is a member, coordinates the sessions of the twenty medical sections into an integrated postgraduate program touching on every phase of medical care.

Four Texans are serving as officers of scientific sections. Dr. Alvis E. Greer, Houston, is on the executive committee of the Section on Diseases of the Chest; Dr. James A. Greene, Houston, on the executive committee of the Section on Experimental Medicine and Therapeutics; Dr. Charles T. Stone, Sr., Galveston, delegate for the Section on Internal Medicine; and Dr. Rex E. Van Duzen, Dallas, vice-chairman of the Section on Urology.

This year's session will have twelve scientific papers read by Texas doctors before the various sections. They are the following: "The Local Treatment of Cutaneous Bacterial Infections with Erythromycin," Drs. Clarence S. Livingood and Samchai Nilasena, Galveston; "The Use of Radium in the Treatment of Cutaneous Malignancy," Drs. J. Lewis Pipkin and C. Ferd Lehmann, San Antonio; "Carcinoma of the Forehead and Scalp," Dr. J. B. Howell, Dallas; "Chest Wall Injuries," Dr. Donald L. Paulson, Dallas; "Problems in Management of Fractures of the Shaft of the Tibia," Dr. Milton S. Thompson, Fort Sam Houston; "Distribution of Thyroid Cancer in Thyroid Glands with Discussion of Clinical Significance in Treatment," Drs. William O. Russell, R. Lee Clark, Jr., and Candido De Oliveira, Houston; "Gastric Diverticula," Drs. Arno W. Sommer and W. A. Goodrich, Temple; "The Application of Intestinal Antisepsis in Surgery," Dr. Edgar J. Poth, Galveston; "The Management of Kidney Injuries," Drs. Harry M. Spence, Sidney S. Baird, and Elgin W. Ware, Dallas; "Anatomy and Physiology of the Urinary Bladder," Drs. Charles N. Duncan and Rex E. Van Duzen, Dallas; and "The Management of Bladder Irritation in the Female," Dr. Harold A. O'Brien, Dallas.

C. M. Pomerat, Ph. D., professor of cytology and director of the Tissue Culture Laboratory, University of Texas Medical Branch, Galveston, will speak on "Tissue Culture in the Service of Clinical Medicine" before a general scientific meeting.

From its beginning the AMA has worked to elevate the standards of the medical profession through the establishment of various councils and bureaus. A Committee on Ethics functioned until 1873 when the Judicial Council was set up to settle all questions of ethics and to interpret the laws of the Association. In 1904, the Council on Medical Education and Hospitals began functioning, and shortly afterward, a council was established to evaluate drugs. For protection against misleading and deceptive advertising of physical therapy devices, the Council on Physical Medicine and Rehabilitation was created in 1925. A council was established in 1937 to maintain a high standard of health in industry, and more recently councils were created to keep the public and the profession informed on all medical care matters, to bring medical services to small communities, and to assist in solving medical, health, and sanitary problems.

Dating back to 1899 when a pathologic exhibit was shown at the annual meeting in Columbus, Ohio, scientific exhibits have augmented annual and clinical sessions of the AMA. The Committee on Scientific Exhibits has planned 260 scientific exhibits, including several by Texans, for the 1953 meeting.

The House of Delegates will meet in the Grand Ballroom of the Waldorf Astoria Hotel during the session. The House also meets at the clinical sessions—first held in January, 1948, and now usually held in December. Activities of the Association between meetings of the House of Delegates are directed by the Board of Trustees, of which Dr. F. J. L. Blasingame of Wharton is a member. Dr. C. E. Cantrell, Greenville, was an AMA Trustee 1909-1913, and Dr. E. H. Cary, Dallas, 1925-1929.

One Texas physician, Dr. Cary, has served as President of the AMA. During his term of office, 1932-1933, Dr. Cary was away from home 340 days on Association business and traveled 99,190 miles.

Texas physicians currently serving on AMA official bodies include Dr. Charles T. Stone, Sr., Galveston, Council on Medical Education and Hospitals; Dr. B. E. Pickett, Sr., Carrizo Springs, Council on Constitution and By-Laws; Dr. Felix Butte, Dallas, Council on Physical Medicine and Rehabilitation; and Dr. Allen T. Stewart, Lubbock, Council on Rural Health.

DISTRICT SOCIETIES

Second District Society

April 3, 1953

(Reported by Arch D. Carson, Secretary)

Indications for Surgical Treatment of Peptic Ulcers—Raleigh R. White, Temple.
Fever of Obscure Etiology in Children—Gilbert B. Forbes, Dallas.
Indications for Surgery on the Low Back—Felix L. Butte, Dallas.
Early Carcinoma of Cervix—William F. Guerriero, Dallas.
Pelvic Relaxations—Dr. Guerriero.
Problem of Poisoning in Infancy and Childhood—Dr. Forbes.
Present Concepts of Management of Carcinoma of Colon—Dr. White.
Recent Concepts on Intramedullary Nailing of Long Bone Fractures—Dr. Butte.

Special guests at the annual meeting of the Second District Medical Society in Big Spring April 3 were T. C. Terrell of Fort Worth, Texas Medical Association President, and Mrs. Robert F. Thompson of El Paso, Woman's Auxiliary President. Dr. Terrell addressed physicians and their wives at a dinner closing the program. R. B. G. Cowper, Big Spring, Second District Councilor, greeted the members at the above scientific program following the invocation by R. Gage Lloyd, pastor of the Presbyterian Church at Big Spring.

T. D. Young, Sweetwater, was elected president; E. V. Swift, Big Spring, vice-president; and Francis F. Hood, Sweetwater, secretary-treasurer.

It was decided that the 1954 meeting would be held in Sweetwater, the date to be announced later.

Thirty-one doctors attended.

Third District Society

April 14-15, 1953

(Reported by Mrs. Cassie Atherton, Executive Secretary)

Liver Function Tests—F. C. Panill, Jr., Houston.
Extra-Intestinal Amebiasis—Dr. Panill.
Influenza in Pediatrics—J. J. Quilligan, Jr., Dallas.
Albuminuria—Jan H. R. Werner, Amarillo.
Precancerous Dermatosis—H. Fred Johnson, Amarillo.
Lesions of Chest—John Selby, Lubbock.
Syncope—R. S. Sheffield, Lubbock.
Derelicts of Allergy—J. M. Robison, Houston.
Management of Allergic Sinusitis—Dr. Robison.
Dacrocystitis in Infancy—E. Norris Robertson, Jr., Oklahoma City.
Eye, Ear, Nose, and Throat X-Rays—William Cashion, Lubbock.
Abnormal Presentations—J. B. Eskridge, Oklahoma City.
Genital Cystology—Walter K. Hartford, Oklahoma City.
Prolonged Labor—C. P. Hawkins, Fort Worth.
Treatment of Cancer of Lower Lip and of Cervix—J. A. del Regato, Colorado Springs.
Management of Compound Injuries—F. Leon Ware, Dallas.
Diagnosis and Management of Dislocations and Sprains—Dr. Ware.

The above program was presented at the annual two-day meeting of the Third District Medical Society in Lubbock April 14-15. A banquet with entertainment by the West Texas Tech Choral Club was held the evening of April 14. Fifteen commercial exhibits were on display. Approximately 130 members attended.

The following officers were elected: Robert A. Neblett, Canyon, president; E. L. Haney, Ralls, president-elect; Marvin C. Overton, Jr., Pampa, vice-president; James T. Hall, Lubbock, secretary-treasurer.

The next meeting, scheduled for only one day, will be in Amarillo, April 13, 1954.

Ninth District Society

April 1, 1953

(Reported by Lyman C. Blair, Secretary)

Diagnosis and Treatment of Acute Poliomyelitis—John J. Bunting, Houston.
Hernias in Infants and Children—Luke W. Able, Houston.
Meckel's Diverticulum; Its Clinical Significance—Burt B. Smith, Houston, and Alfred J. Kelly, Austin.
Anticoagulant Therapy—Hugh H. Hanson, Houston.
Cranio-Vertebral Syndrome—Robert O. Whitson, Baytown.
New Surgical Position; Or, Why and How You Can Do Better Rectal Work by Using Leg Wells—Lyman C. Blair, Houston.
Endolymphatic Stromal Miosis—M. D. Haley, Houston.
Delay Period in the Diagnosis and Treatment of Pelvic Cancer—C. L. Liggett, Baytown, and John A. Wall, Houston.
Pitfalls in the Diagnosis of Cancer of the Lung—William D. Seybold, Houston.
Diagnosis and Surgical Treatment of Malignant Tumors of the Paranasal Sinuses—John H. Barrett, Houston.

Denton Kerr, Houston, who represented the AMA at an all Pakistan medical conference in February, was luncheon speaker at the third annual meeting of the Ninth District Medical Society April 1 in Baytown. His topic was "Observations in Pakistan."

New officers elected were George D. Bruce, Baytown, president; S. D. Coleman, Navasota, vice-president; and Lyman C. Blair, Houston, secretary-treasurer.

Fifteenth District Society

April 7, 1953

Treatment of Skin Cancer of the Head and Neck—John M. Ellis, Mount Pleasant.
Appendicitis—George Tate, Longview.
Use of Obstetric Forceps—Tom Wacob, Texarkana.
Management of Hemolytic Anemias of the Newborn—James H. Harris, Marshall.
Diagnosis and Treatment of Cardiac Arrhythmias—Charles A. Thompson, Texarkana.
General Practitioner, the Specialist, the Public—Jesse DeWare, Jefferson.
Psychologic Mechanisms and Their Relations to Disease—Blocker Joslin, Atlanta.
Tonsil and Adenoid Problem—James N. Adams, Longview.

The Fifteenth District Medical Society met in Daingerfield April 7 with special guests including T. C. Terrell, President, Texas Medical Association; Mr. N. C. Forrester, Executive Secretary; and Mr. W. E. Syers, Public Relations Counsel for the Association.

Discussers for the above program included L. E. Rutledge, Daingerfield; M. H. Murphy, Marshall; H. O. Padgett, Marshall; Wilmer E. Parrish, Longview; and Ray H. Carter, Marshall.

Mayor R. R. Morrison of Daingerfield welcomed the society, and the Rev. Jewell Strong, Daingerfield, gave the invocation.

COUNTY SOCIETIES

Cameron-Willacy Counties Society

April, 1953

(Reported by David F. Nickell, Secretary)

A panel discussion of "Principles of Medical Ethics," with Franklin W. Yeager of Corpus Christi as moderator, was presented at the April dinner-meeting of the Cameron-Willacy Counties Medical Society in Harlingen. Members of the auxiliary also were present.

The new officers who assumed duties at the January meeting follow: Dudley W. Smith, Harlingen, president; Evan B. Hume, Brownsville, vice-president; David F. Nickell, Harlingen, secretary-treasurer; H. Rodriguez, Rio Hondo, chairman of the board of censors; Phil A. Bleakney, Harlingen, delegate; and Hunter L. Scales, San Benito, alternate.

Dallas County Society

April 14, 1953

(Reported by W. W. Fowler, Secretary)

Practical Applications of Histochemistry to Pathology—P. O'B. Montgomery, Dallas.
Value of Scalene Lymph Node Biopsy as a Diagnostic Tool—C. E. Gordon, Dallas.
Measurements of Bone Marrow Function—E. E. Muirhead, Dallas.

At the April 14 meeting of the Dallas County Medical Society the above scientific program was presented and a brief discussion of medical economic news was given by Mr. Millard Heath, executive secretary.

In the absence of the president, two past presidents presided, Barton E. Park before the scientific program and Everett C. Fox following the program. Fourteen new members were accepted upon application.

Kerr-Kendall-Gillespie-Bandera Counties Society

March 9, 1953

(Reported by Russell E. Guill, Secretary)

Diseases of the Rectum—V. C. Tucker, San Antonio.

The Kerr-Kendall-Gillespie-Bandera Counties Medical Society met March 9 in Kerrville to hear the discussion by Dr. Tucker, San Antonio, and to watch a movie on rectal diseases.

April 13, 1953

(Reported by Russell E. Guill, Secretary)

Cardiac Surgery—J. W. Duckett, Dallas.

"Cardiac Surgery" was the subject of the lecture given by Dr. Duckett at the April 13 meeting of the Kerr-Kendall-Gillespie-Bandera Counties Medical Society in Fredericksburg.

Panola County Society

Charles D. Baker is the new president of the Panola County Medical Society. Other officers are Carl W. Gerardy,

vice-president; Joe M. Ashby, secretary-treasurer; Samuel Perlman, delegate; and William C. Smith, alternate delegate.

Serving also are the following committee chairmen: K. C. Prince, public relations; D. B. Daniel, medical jurisprudence; and Dr. Smith, tuberculosis.

All officers and committee chairmen reside in Carthage.

Pecos-Jeff Davis-Presidio-Brewster Counties Society

George A. Hoffman of Fort Stockton is the new president of the Pecos-Jeff Davis-Presidio-Brewster Counties Medical Society. John W. Pate, Sanderson, is vice-president. Other officers are D. J. Sibley, Jr., Fort Stockton, secretary; Walter H. Stover, Marfa, treasurer; Charles E. Oswalt, Jr., Fort Stockton, delegate; and W. E. Lockhart, Alpine, alternate delegate.

Committee chairmen include Dr. Sibley, public relations; Dr. Pate, medical jurisprudence; and John W. O'Donnell, Alpine, tuberculosis.

Potter County Society

March 10, 1953

(Reported by Mrs. Cassie Atherton, Executive Secretary)

After hearing the Texas Medical Association's telephone postgraduate broadcast March 10, the Potter County Medical Society held a business session in Amarillo. A report from the committee appointed to study the detection and the care of childhood tuberculosis as carried on by the Potter County Tuberculosis Association was read, and it was decided that a special committee would be appointed to meet with the directors of the tuberculosis association to discuss putting the society's plan into execution.

Tarrant County Society

April 7, 1953

(Reported by S. W. Wilson, Secretary)

Thrombophlebitis with Ischemia and Gangrene—R. E. Snyder, Fort Worth.

Etiology of Congenital Anomalies—H. W. Anderson, Jr., Fort Worth.

The above program was presented at the April 7 meeting in Fort Worth of the Tarrant County Medical Society. Seventy-seven members were present. Reports were given by R. G. Baker, Councilor of the Thirteenth District, on the proposed changes to be presented at the state meeting in Houston, which would directly affect the activities of the local societies, and by E. E. Anthony, Jr., on local and state legislative activities.

It was announced that F. J. L. Blasingame would be guest speaker in Dallas on April 13.

April 21, 1953

(Reported by S. W. Wilson, Secretary)

N-Allylnormorphine-Abstinence Syndrome—H. P. Hare, Fort Worth.

Tarrant County Medical Society was guest of the United States Public Health Service Hospital in Fort Worth on April 21. Following a tour of the hospital, dinner was served to approximately one hundred society members.

The above motion picture and discussion was given by Dr. Hare, a member of the hospital staff. R. B. Holt, director of the hospital, opened the meeting.

Tom Green-Eight County Society

April 6, 1953

(Reported by T. C. Coleman, Secretary)

Hypopituitarism—Raymond Gregory, Galveston.

The regular meeting of the Tom Green-Eight County Medical Society was held April 6 in San Angelo with thirty-one members present. The above program was given by Dr. Gregory, who is professor of medicine at the University of Texas Medical Branch.

Wilbarger County Society

February 19, 1953

(Reported by E. W. Featherston, Secretary)

The following new officers were elected at the February 19 meeting of the Wilbarger County Medical Society: J. J. Slaugenhop, president; A. C. Rogers, vice-president; C. Curtis Allen, secretary-treasurer; A. L. Borchardt, delegate; and E. W. Featherston, alternate. All the new officers are from Vernon.

April 16, 1953

(Reported by C. Curtis Allen, Secretary)

The Wilbarger County Medical Society met informally April 16 in Vernon to see and discuss medical and surgical motion pictures. The society plans to continue such meetings about once a month.

AUXILIARY SECTION

THE WOMAN'S AUXILIARY—ITS THIRTY-FIVE YEARS IN TEXAS

Present-day annual sessions of the Woman's Auxiliary to the Texas Medical Association provide a well-rounded schedule, differing greatly from the exclusively social programs held for the "visiting ladies" before 1919. Then, the women became better acquainted through drives, breakfasts, musical teas, dinners, and knitting and swimming parties. Now, the women want more than a social bond with each other and with the Texas Medical Association; they assist the Association in its activities and conduct educational, philanthropic, and altruistic services of their own.

Officers of the Woman's Auxiliary to the Texas Medical Association: President, Mrs. E. W. Coyle, San Antonio; President-Elect, Mrs. Mark H. Latimer, Houston; First Vice-President (Organization), Mrs. John D. Gleckler, Denison; Second Vice-President (Physical Examinations), Mrs. Cecil O. Patterson, Dallas; Third Vice-President (Today's Health), Mrs. Ralph B. Payne, Amarillo; Fourth Vice-President (Program), Mrs. Guy Knolle, Houston; Recording Secretary, Mrs. Paul Brindley, Galveston; Corresponding Secretary, Mrs. Charles L. McGehee, San Antonio; Treasurer, Mrs. Oscar M. Marchman, Jr., Dallas; Publicity Secretary, Mrs. Allen H. Neighbors, Jr., Austin; Parliamentarian, Mrs. H. S. Renshaw, Fort Worth.

At an informal meeting during the San Antonio session of the Texas Medical Association in 1918, the first group of officers was elected to preside at the initial annual meeting of the Woman's Auxiliary in Waco in 1919.

Dallas, McLennan, and Bexar Counties Auxiliaries had been organized in May, June, and October, respectively, of 1917. Mrs. J. O. McReynolds organized the Dallas County Auxiliary and was its first president. She later became President of the State Woman's Auxiliary. Mrs. G. B. Foscue, Waco, was responsible for the organization of the McLennan County Auxiliary and was first vice-president at the 1919 state meeting; Mrs. Frank Paschal, San Antonio, organizer of the Bexar County Auxiliary, was third vice-president that year. Mrs. E. H. Cary, wife of the Texas Medical Association's 1917-1918 President, was the first President of the State Auxiliary.

At the second annual meeting in 1920 in Houston, county presidents brought reports from Galveston, Bell, Tarrant, Bexar, McLennan, Harris, Travis, Lamar, Montague, and

Ellis Counties Auxiliaries. By that time the organization had an insigne, the "little lady's head," accidentally discovered by Mrs. O. M. Marchman, Dallas, corresponding secretary, to adorn the first stationery in 1918. In 1924 the group officially voted to adopt the insigne.

Before the third annual meeting, in 1921 in Dallas, the Central District Auxiliary had been organized through the efforts of Mrs. W. A. Wood, Waco. That year the Auxiliary reported $68.50 in the treasury, and funds were being raised for charitable purposes, particularly war work, Red Cross, flowers for hospitals, programs for servicemen, book showers, and the like.

By the time of the fourth annual meeting in El Paso in 1922, the Auxiliary was taking definite shape. The first noon luncheon for the Executive Board was held, and the transactions of the annual meeting were printed in the June JOURNAL. The President that year, Mrs. S. C. Red, Houston, had visions of a national organization of doctors' wives and presented plans which led to a resolution to the AMA House of Delegates at its St. Louis meeting for a National Woman's Auxiliary. Mrs. Red served as temporary President of the national group during the three-year formative period. Mrs. W. A. Wood, Waco, and Mrs. H. L. D. Kirkham, Houston, were among the first National Auxiliary officers.

Those attending the fifth annual meeting in Fort Worth in 1923 heard Mrs. Red say that beside Texas, which probably had the only fully organized and functioning state auxiliary, South Dakota, Montana, and Maine were the only states with any kind of an organization prior to the formation of the National Auxiliary in May, 1922. At the first national annual meeting in San Francisco in 1923, a Texas gavel, made of Galveston oleander wood, was presented to the Woman's Auxiliary of the American Medical Association.

Developments were being made rapidly. A musical tea was held as the first post-convention Executive Board meeting in 1923. The first printed program was seen at the sixth annual meeting in San Antonio in 1924, and committee reports were given for the first time. Names of the Auxiliary deceased were added to the 1925-1926 doctors' memorial list, and regular space was given to the Auxiliary in the JOURNAL shortly afterward. In 1927 the first semiannual Board meeting was held in Temple, and two years later annual reports were first published in the June JOURNAL.

But the Texas women were making progress not only in their state work. Mrs. McReynolds, who had organized the Dallas Auxiliary, in 1925 was first vice-president of the AMA Auxiliary and later President. Mrs. Cary, first State President, was President of the Auxiliary to the Southern Medical Association in 1925, and two years later Mrs. Marchman, first state corresponding secretary, was its President. Later Texas Presidents of the Southern Medical Association Auxiliary were Mrs. S. A. Collom, Sr., Texarkana, 1931; Mrs. Frank N. Haggard, San Antonio, 1937, who was AMA Auxiliary President in 1942-1943; and Mrs. L. S. Thompson, Dallas, 1951. Honorary membership in the AMA Auxiliary was bestowed upon Mrs. Red and Mrs. McReynolds.

At present, several Texans are serving as officials of the Auxiliary to the AMA. Mrs. George Turner, El Paso, is first vice-president, and Mrs. Scott C. Applewhite, San Antonio, is chairman of the Finance Committee. The following are committeewomen: Mrs. L. S. Thompson, Dallas, Civil Defense; Mrs. Oscar W. Robinson, Paris, Southern District; and Mrs. R. T. Travis, Jacksonville, *Today's Health*.

Through the years the Auxiliary has aided various community drives and projects, promoted the circulation of *Hygeia* (called *Today's Health*, as of March, 1950), and worked for health education. A library fund and funds for medical students and for needy doctors' families were established and have continued to be regular projects.

By 1942 the membership was 2,221, with 110 counties organized into ten districts with a total of fifty-eight county auxiliaries. During the war years the membership dropped, but the work continued for nurse recruitment, blood banks, physical examinations and other worthy causes.

At the close of the war, fifty-four auxiliaries remained intact; four new ones were added. The following year 535 new members were admitted. "Every doctor's wife a member; every member informed on medical objectives; every member a molder of public opinion on medical subjects through her lay contacts; and every effort to return to normalcy within the year," were the objectives for the year.

The membership increased to 3,160, to 3,786, and then to 4,060 in 1952. These 4,060 members received the first issue of the Auxiliary *News Letter* on April 20, 1952. At present the Auxiliary is 100 per cent organized; for each county society there is a woman's auxiliary. The membership is 4,463.

The Woman's Auxiliary to the Texas Medical Association, although younger than the parent organization, in its thirty-fifth year is growing in size and strength, broadening its scope, and continuing to serve the Association and the public.

AMA Auxiliary Annual Session

The Woman's Auxiliary to the American Medical Association will begin its 1953 annual session at the Hotel Statler in New York with meetings of the nominating, resolutions, revisions, and finance committees May 31. Registration will be open May 31 through June 4.

On Monday morning, June 1, the pre-convention meeting of the Board of Directors and round-table discussions on legislation, program, public relations, and *Today's Health* will be held. That afternoon the New York State Medical Society and Auxiliary are honoring Mrs. Ralph B. Eusden, AMA Auxiliary President, and Mrs. Leo J. Schaefer, President-Elect, at a tea in the Grand Ballroom of the Hotel Statler. The formal opening of the thirtieth annual meeting of the AMA Auxiliary will be Tuesday, June 2, at 9 a. m.

National past presidents will be guests of honor at a luncheon Tuesday, and Wednesday Mrs. Eusden and Mrs. Schaefer will be honored guests at a luncheon. The annual dinner for members, husbands, and guests is scheduled for Thursday evening at the Waldorf Astoria Hotel, with the Honorable Mrs. Ivey B. Priest, United States treasurer, as guest speaker.

General sessions are to be held Tuesday, Wednesday, and Thursday, and on Friday there will be a conference of state presidents and presidents-elect with national officers, directors, and committee chairmen. The post-convention meeting of the Board of Directors is to be Thursday afternoon.

COUNTY AUXILIARIES

Angelina County Auxiliary

Doctor's Day was celebrated by Angelina County Auxiliary over a two-day period which began with mention from the pulpit of most of the Lufkin churches on March 29 of the physician and his place in the community and with presentation to each church-going doctor of a red carnation and ended with a dinner given by the auxiliary members for their husbands at the home of Dr. and Mrs. C. W. Evans the next evening. Dinner was served from the large dining table and eaten at individual tables placed in adjoining rooms. An editorial in the local newspaper took note of the special observance.—Mrs. J. H. Wade, Secretary.

Brazoria County Auxiliary

The Brazoria County Woman's Auxiliary elected officers March 26 at the home of Mrs. W. D. Nicholson, Freeport, following a dinner which was attended by sixteen members and two guests.

The new officers are Mrs. R. C. Miller, Lake Jackson, president; Mrs. G. F. Perryman, Freeport, first vice-president; Mrs. M. W. Hardwick, Angleton, second vice-president; Mrs. G. B. Brown, Angleton, third vice-president; Mrs. John O'Leary, Freeport, treasurer; Mrs. Nicholson, recording secretary; and Mrs. John Caldwell, Lake Jackson, corresponding secretary.

Mrs. E. H. Marek, Yoakum, District 8 Council Woman, spoke on public relations and the part of the doctor's wife in the community.—Mrs. Marvin E. Russell.

Gregg County Auxiliary

Officers were elected by the Gregg County Auxiliary on March 5 at a luncheon for which Gladewater members were hostesses. Those named unanimously were Mrs. Ralph Crawford, Longview, president; Mrs. R. H. Robertson, Kilgore, vice-president; Mrs. O. W. Elkins, Longview, secretary; and Mrs. H. C. McGrede, Longview, treasurer.

Mrs. Crawford reported that subscriptions to *Today's Health* would be given by the auxiliary to the local schools. A contribution to the student nurses' loan fund was voted in appreciation of the outstanding accomplishments of Mrs. Garland Rushing, Longview, president, during the year just past.

Harris County Auxiliary

The Woman's Auxiliary to the Harris County Medical Society honored members' husbands at a luncheon March 30 in Houston. Dr. Hyman J. Schachtel reviewed "The Second Happiest Day" by John Phillips. Mrs. J. Norris Tucker gave a tribute to the doctors.

Mrs. J. Peyton Barnes presided. Co-chairmen were Mrs. Paul Best and Mrs. Robert Gardner.—Mrs. W. M. Wallis.

Kerr-Kendall-Gillespie-Bandera Counties Auxiliary

A film, "Emotional Development of the Child," was shown by the public school nurse, Mrs. W. J. Franke, when the Kerr-Kendall-Gillespie-Bandera Counties Auxiliary met March 6 in the home of Dr. and Mrs. Judd Kirkham at the Veterans Administration Hospital near Kerrville. The St. Patrick motif predominated in the decorations, with which the following co-hostesses assisted: Mesdames Kirkham, W. E. Bell, L. B. Crumrine, Lester Kantor, Joseph Rosenblatt, and John McDaniel. Mrs. Hugh Drane presided over a business session.

Nueces County Auxiliary

Newly installed officers of the Woman's Auxiliary to the Nueces County Medical Society are Mmes. Sam Powell, president; E. Jackson Giles, president-elect; Paul Gray, first vice-president; M. C. Kendrick, second vice-president; A. L. Lane, third vice-president; O. B. Moon, recording secretary; C. B. Slabaugh, corresponding secretary; William E. Morris, press reporter; and J. I. Tyree, treasurer. All are of Corpus Christi.—Mrs. William E. Morris, press reporter.

The Nueces County Auxiliary met at a covered dish luncheon April 17 at the home of Mrs. W. C. Tiplett, Corpus Christi. Hostesses included Mesdames J. V. Blair, chairman; Franklin Yeager, co-chairman; Joseph Abbey, G. S. Ahern, Frank Ellis, McIver Furman, Saul Grossman, C. A. Hearne, T. P. O'Brien, and Joseph Pasternak.

Potter County Auxiliary

The Woman's Auxiliary to Potter County Medical Society earlier in the year held a brunch honoring English teachers of schools in Amarillo participating in the essay contest on "Why the Private Practice of Medicine Furnishes This Country with the Finest Medical Care." The brunch was held at the home of Mrs. Howard E. Puckett, Amarillo, member of the State Auxiliary committee sponsoring the contest for the Association of American Physicians and Surgeons. The county medical society offered $300 in prizes to Amarillo contestants, who numbered eighty-two. Local judges were Dr. H. H. Latson; Dr. A. M. Meyer, president of Amarillo College; and Wes Izzard, editor of the Amarillo *Daily News*.—Mrs. E. A. Rowley.

Thirty presidents of federated women's clubs in Amarillo were guests at a public relations day meeting held by Potter County Auxiliary in Amarillo on March 10. Guest speaker was Mrs. Robert F. Thompson, El Paso, President of the State Auxiliary. She emphasized the responsibility of women in the community, state, and nation. Medical auxiliary representatives from Pampa, Borger, Childress, and Canyon also were present for the program, which was held at a brunch featuring an Easter motif. Spring hats were used as the primary decoration.

The hostess committee included Mesdames Ben T. Blackwell, Fred Crumley, Frank Duncan, Rex Greer, Weldon Murphy, and Walter C. Watkins of Amarillo and Mesdames R. A. Neblett and C. R. Nester of Canyon.—Mrs. Ben T. Blackwell.

Rusk-Panola Counties Auxiliary

Nurse recruiting was the subject discussed by Mrs. L. M. Ship at a coffee held by the Rusk-Panola Counties Auxiliary in the home of Mrs. J. E. Ross, Henderson, February 27. Mrs. R. Bruce Carter and Mrs. Johnnie Eastin assisted Mrs. Ross in serving a refreshment course to ten guests.

Smith County Auxiliary

The Smith County Auxiliary heard a program on the problems of the school child when it met March 4 in Tyler at the home of Mrs. L. T. Neill. Speaker for the occasion was Miss Lois Perryman. Mrs. J. P. Chapel and Mrs. Porter M. Bailes, Jr., were co-hostesses.

Tarrant County Auxiliary

New officers of the Woman's Auxiliary to the Tarrant County Medical Society follow: Mrs. I. H. Readinger, president; Mrs. Claude Williams, first vice-president; Mrs. Thomas Black, second vice-president; Mrs. R. C. Stow, secretary; Mrs. Charles H. Harris, II, treasurer; Mrs. C. D. Fitzwilliam, corresponding secretary; Mrs. D. E. Small, publicity secretary; Mrs. C. P. Hawkins, historian; Mrs. Tom Bond, parliamentarian; and Mmes. George R. Enloe and X. R. Hyde, members-at-large.

DISTRICT AUXILIARIES

Third District Auxiliary

The Third District Auxiliary met April 14 in Lubbock with fifty-one members present. Special guests attending were Mrs. Ralph B. Payne, Amarillo, Council Woman of District 3; Mrs. Robert F. Thompson, El Paso, State Auxiliary President; and Mrs. T. C. Terrell, Fort Worth, State Auxiliary Public Relations Chairman.

After a musical program by the Madrigal Singers of Texas Technological College, a talk was given by Mrs. Thompson and county reports were read. Mrs. Payne reported on District 3.

Mrs. E. K. Jones, Wellington, was elected Council Woman and Mrs. E. W. Jones, Wellington, secretary.—Mrs. Emerson M. Blake, Secretary.

Tenth District Auxiliary

The Woman's Auxiliary to the Jefferson County Medical Society was host group for the meeting March 20 in Beaumont of the Tenth District Woman's Auxiliary. Mrs. R. C. Bellamy, Daisetta, district president, presided over the business session.

Mrs. Edward C. Ferguson, Beaumont, gave the invocation; Mrs. F. J. Beyt, Port Arthur, the welcoming address; and Mrs. Melvin Anchell, Cleveland, the response.

Other hostesses from Beaumont who assisted include Mrs. Norman Duren, who was in charge of arrangements for the tea, and the following members of the hostess committee: Mrs. F. G. Williams, chairman; Mrs. H. Buford Barr, Mrs. James Q. Blackwood, and Mrs. H. B. Williford. General chairman of the day's program was Mrs. S. V. Granata.

Eleventh District Auxiliary

New officers elected at the April meeting of the Woman's Auxiliary to the Eleventh District Medical Society in Tyler include the following: Mesdames Melvin Wilcox, Athens, Council Woman; C. Hogan Stripling, Jacksonville, Council Woman-elect; Ralph Buie, Athens, corresponding secretary-treasurer; J. E. Ross, Henderson, recording secretary; and J. M. Travis, reporter.

A tea and social hour were given at the home of Dr. and Mrs. C. B. Young. At the business session county reports and a report by Mrs. R. T. Travis, Jacksonville, first vice-president of the State Auxiliary, on the organization of fourteen auxiliaries up to that time in 1953 were given.

Dan Smoot, with Facts Forum of Dallas, was guest speaker at the dinner.—Mrs. J. M. Travis, Reporter.

DEATHS

C. P. COOGLE

Dr. Charles Perry Coogle, Houston, Texas, died in a Houston hospital February 21, 1953.

Born in Jefferson County, Ky., September 21, 1887, Dr. Coogle attended public schools in Louisville and was graduated in 1911 from the University of Louisville Medical Department in that same city. Upon receiving his doctor of medicine degree, he practiced first at South Park, Ky., remaining there from 1912 through 1916. During the period from 1917 until 1936, Dr. Coogle was a malariologist with the United States Public Health Service. He served as director of malaria investigations for the Texas State Department of Health from 1936 until 1941 and then moved to Houston, where he continued to be active in the field of medicine until retirement some three years ago. For several years he did research work at the M. D. Anderson Hospital for Cancer Research, Houston. He also was an assistant professor of malariology at the University of Texas School of Medicine in Galveston.

DR. C. P. COOGLE

A member of the American Medical Association and an honorary member of the Texas Medical Association through the Travis and later the Harris Counties Medical Societies, Dr. Coogle also held memberships in the Southern Medical Association, the American Public Health Association, and the Texas Public Health Association, and on the National Malaria Committee. He was a Methodist and a Mason.

Surviving Dr. Coogle are his wife, a brother, Gregory Coogle, Miami; and a sister, Mrs. G. W. Armstrong, Louisville, Ky.

C. E. WILSON

Dr. Claude Edward Wilson, Odessa, Texas, died January 21, 1953, at his home after he accidentally shot himself while climbing through a fence.

The son of Claude and Mary Elizabeth (Staddan) Wilson, he was born September 29, 1901, at Greenville. He attended grammar schools in Sulphur Springs and Terrell, where he also was graduated from high school. Upon completing his premedical training at Southern Methodist University, Dallas, Dr. Wilson was graduated in 1926 from Baylor University College of Medicine, then in Dallas. He studied in 1927 at the University of Pennsylvania School of Medicine in Philadelphia. For one year he was a resident at Maternity Hospital, Cleveland. He also had served at Shreveport Charity Hospital in Shreveport, La., and Western Reserve University Hospital, Cleveland. Dr. Wilson first practiced medicine at Crowell for about five months. In addition, he had practiced at Houston and Odessa prior to practicing some sixteen years in Wink. In Wink he operated the Wilson Hospital. In 1942 he returned to Odessa and established a practice in ear, nose, and throat. He was in active practice in Odessa at the time of his death, being the owner of a clinic there and on the staff of the Medical Center Hospital.

Dr. Wilson was a member of the American Medical Association and the Texas Medical Association through several county medical societies, including most recently Ector-Midland-Martin-Howard-Andrews-Glasscock-Scurry-Dickens-Kent-Garza-Borden-King-Stonewall Counties Medical Society. Active in civic projects in Wink and Odessa, Dr. Wilson had been a member of the Wink Lions Club and the Wink School Board for several years. In Odessa he again was a member of the Ector County School Board for several years

An obituary ordinarily will not be published more than four months after date of death. Cooperation in reporting deaths of physicians and in furnishing appropriate biographical material promptly is solicited.

and had been president of that group. He was a member of the Baptist Church.

On July 3, 1901, Dr. Wilson married the former Miss Hulda Junge in Fort Wayne, Ind. She survives him, as do his daughter, Miss Mildred LaVerne Wilson, Monroe, La.; his father, Claude Wilson, Plain Dealing, La.; and two brothers, N. F. Wilson, Shreveport, La,; and R. S. Wilson, Calhoun, La.

D. S. WIER

Dr. Daniel Stuart Wier, Beaumont, Texas, died January 15, 1953, in a Beaumont hospital of bronchopneumonia.

Dr. Wier was born at Bunkie, La., on March 15, 1871, the son of Thomas Dabney and Margaret (Campbell) Wier. He received his early education at Evergreen College in Louisiana and Vanderbilt University in Nashville, Tenn. In 1893 he was graduated from the Vanderbilt University School of Medicine, Nashville. After interning at hospitals in New York City, Dr. Wier practiced for one and a half years at Burke, La., and for six years at Houston. He moved to Beaumont in 1901, where he continued to practice until his retirement several years ago.

Dr. Wier was a member of the American Medical Association and the Texas Medical Association through Jefferson County Medical Society, of which he was a past president. From 1906 until 1908 he was vice-president of the State Association. Also, he was councilor for the Tenth Medical District from 1908 through 1914 and from 1923 through 1926. He was a member and past president of the Tenth District Medical Society. Dr. Wier was chairman of the Section on Surgery in 1923. He was elected to honorary membership in the Association in 1936. In addition, he was a member of the Texas Surgical Society and the Southern Medical Association and was a fellow of the American College of Surgeons. A member for fifty years of the Holland Lodge of the Masonic Order, Dr. Wier held memberships in the Rotary Club and Methodist Church as well.

Dr. Wier married the former Miss Anna Taylor in 1900 at Houston. She died in 1950. He is survived by a son, Dr. S. T. Wier, Beaumont; three daughters, Mesdames J. T. Brown and R. C. Heartfield, both of Beaumont, and Mrs. Hubert T. Fuller, London, England; one brother, T. P. Wier, Houston; and a sister, Miss Mattie Wier, also of Houston.

W. F. J. KARBACH

Dr. Walter Frederick James Karbach, New Braunfels, Texas, died January 25, 1953, in a New Braunfels hospital from coronary occlusion.

The son of Dr. Frederich R. and Dollie (Agnew) Karbach, he was born July 18, 1898, at Maxwell. Dr. Karbach was a student at Southwestern University, Georgetown, and the University of Texas, Austin, prior to entering in 1920 the University of Texas School of Medicine, Galveston. Following his graduation from that school in 1924, Dr. Karbach was commissioned in the United States Navy Medical Corps with the rank of lieutenant (junior grade) and interned at the Naval hospital in San Diego, Calif. He served in the Navy for twenty-five years. While in the Navy, Dr. Karbach studied at the Naval Medical School in Washington, D. C. and the University of Pennsylvania Graduate School of Medicine in Philadelphia. During World War II he saw duty both in the Atlantic and Pacific theaters of operation. He made the invasion at Okinawa, where he was commanding officer of Corps Evacuation Hospital Number Three. He established a similar hospital in Japan when that country was occupied. He later was executive officer of the naval hospitals in Houston and in Corpus Christi. Dr. Karbach was retired from active duty in 1949 with the rank of captain. That same year he began private practice of medicine at New Braunfels; he was city health officer at the time of his death. He had served also in the Army in World War I.

Dr. Karbach was a member of the American Medical Association and the Texas Medical Association through

DR. WALTER F. J. KARBACH

Comal County Medical Society, of which he was president in 1950 and 1951. He was a member also of the Retired Officers' Association, the Lions Club, the Eagles, Veterans of Foreign Wars, American Legion, Kappa Sigma social fraternity, and Alpha Kappa Kappa medical fraternity.

On July 8, 1924, in San Diego, Dr. Karbach married the former Miss Alice Eichlitz of Galveston, who survives him. Other survivors are his mother, Mrs. F. R. Karbach, San Antonio; one brother, F. W. Karbach, New Braunfels; and a sister, Mrs. M. Lassetter, San Antonio.

A. M. SHELTON

Dr. Albert M. Shelton, Brady, Texas, formerly of Dallas, died of a heart attack March 7, 1953, in Brady.

Dr. Shelton was born at Carrollton, Ga., April 19, 1880. His family moved to Texas and settled in Wood County, where he attended and later taught school at Golden. Dr. Shelton was graduated in 1912 from Baylor University College of Medicine, then in Dallas. He returned to Golden and practiced medicine from 1912 to 1918. From 1918 through 1925 he practiced at Mesquite; from 1925 until 1930 at Estelline, where he was city health officer; and from 1930 until 1932 at Mineola. Dr. Shelton then moved to Dallas and practiced in that city until his retirement in 1951. He had lived at Brady since retiring.

Dr. Shelton was a member of the American Medical Association and an honorary member of the Texas Medical Association through several county medical societies, the most recent being the Dallas County Society. For many years he was active in Masonry. He was a past worshipful master of the lodges in Golden and Estelline; organizer and lifetime member of the Love Field Lodge; and holder of a certificate for proficiency from the Grand Lodge of Texas.

In 1902 he married the former Miss Anne Crone, who died in October, 1949. Dr. Shelton is survived by a daughter, Mrs. Walter E. Gray, Brady, and one son, Dr. A. M. Shelton, Jr., Little Rock, Ark.